

Final Report

A Coordinated Response to Assess Human Trafficking in Terms of the Problem, Prevention, and Empowerment

A Collaborative Project between Lambton College and the Sexual Assault
Survivors' Centre Sarnia-Lambton

Ruth Geurts

August 2020



“Held by Love.”
Acrylic on Canvas
20 x 24”
2014

Hearing a story of personal loss, the gateway to the bondage of addictions, believing shameful thoughts about self, isolating from authentic connections. I was moved. But it didn't end there. The story shifted from darkness to being chased down and restored by the power of LOVE. A few days later, I heard a similar journey. Of powerlessness in the face of darkness. At first all efforts to seek help were futile. Then LOVE intervened. LOVE is the power to break every chain. LOVE holds us in our darkness until we find peace. LOVE doesn't let go until we are free and whole. This painting is my response.

– Carla Raes Sarantopoulos

**A Coordinated Response to Assess Human Trafficking in
Terms of the Problem, Prevention and Empowerment**

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This report is dedicated to those whose stories have not yet been heard, believed or understood.

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INTRODUCTION

Police reports indicate that human trafficking (HT) is the second most profitable organized crime in Canada (A. Taylor, personal communication, May 2020; Kaye, Winterdyk and Quarterman, 2014, p. 3). Does that translate into being a problem throughout every city, town and village in Canada? Is HT a problem in the Sarnia-Lambton area, including its Francophone and Indigenous communities? If we acknowledge that HT is a hidden and complex problem in Canada, then understanding its presence in Sarnia-Lambton is essential to explore, to ensure the safety of its citizens.

This research project, *A Coordinated Response to Assess Human Trafficking in Terms of the Problem, Prevention and Empowerment*, was funded by the Natural Sciences and Engineering Research Council of Canada (NSERC) from 2018-2020. Lambton College partnered with Sexual Assault Survivors' Centre (SASC) on this anti-HT research project with the hope to assess and enhance the community's understanding of the hidden nature of this societal problem. The difficulty of this assessment was highlighted by a local OPP officer who referred to HT as "an invisible problem in our community, it is like chasing ghosts" (D. Grisewood, personal communication, May 2020). Angie Marks, Executive Director of SASC and Women's Interval Home, believes that HT is a growing concern based on the increasing number of girls and women seeking support from their agency after exiting or escaping sexually exploitation (personal communication, February 2020). The SASC reported working with 13 survivors in 2017, eight (8) survivors in 2018 and 14 survivors in 2019 (A. Marks, personal communication, February 2020).

This research project's main objective was to explore strategies on prevention and empowerment to support victims and survivors of HT in Sarnia-Lambton and its Indigenous and

Francophone communities. This objective came forward as the research team reflected on larger questions on HT and what could benefit the Sarnia-Lambton area as a whole. Is there enough public awareness in the community about HT that can prevent and protect vulnerable victims from being recruited and lured into HT? What are the warning signs and factors that put vulnerable populations at risk of being trafficked? Are Community Service Providers (CSP) able to identify victims and provide them with adequate support? Are there gaps in services not being provided to victims and survivors? Are Indigenous women and girls in the three (3) local First Nation communities more at risk of HT? What kind of prevention strategies need to be implemented to make the communities safer? Is the Sarnia-Lambton community providing the support to build sustainable services to protect and empower victims and survivors of HT?

This research project hopes to explore the current knowledge amongst CSP, identifying gaps in services and the needs for victims and survivors. This study is giving survivors the opportunity to have their voices heard and identify their needs in terms of aftercare support once they exited HT. Survivor's experiences in HT shape the vision of what victims and survivors really need. The project sought input from four different demographic groups to explore prevention strategies to protect vulnerable and oppressed populations who are most at risk of being sexually exploited and recruited into HT.

The report is divided into four main sections, which looks at HT from four different demographic groups. Their knowledge, experience and wisdom were collected and analyzed to ensure a diverse overview and extent of the problem in Sarnia-Lambton.

The four sections include:

- Community Service Providers
- Survivors of Human Trafficking
- Overview of all three (3) local First Nation Communities and Urban Indigenous members

- Lambton College Students

The final section of the report provides recommendations from the main issues raised in the study, available for further consideration by SASC, First Nation Communities, the Sarnia-Lambton Coalition Against Human Trafficking (CAHT) and CSP in Sarnia-Lambton.

An additional three (3) reports were written specifically for each local First Nation Community, their results have been compiled and summarized under one First Nation Report included in this final report. The three communities listed below each received a separate report with the analysis of the data collected, compiled and coded from their own community members and service providers. They are listed below:

- Chippewas of Kettle and Stony Point First Nation
- Aamjiwnaang First Nation Chippewas of Sarnia
- Walpole Island First Nation-Bkejwanong Territory

Previous research studies by Nicole Barrett, Director, Global Justice Associates wrote *Laws to Combat Sex Trafficking* and the *National Inquiry into Missing and Murdered Indigenous Women and Girls* have determined that Indigenous women and girls were consistently over represented as victims/targets in HT. This emphasized the need to examine the problem in each of the three local First Nation communities and provide them with their own separate HT report. The legacy of colonization, racial injustice, residential schools, poverty, loss of identity, loss of culture, traditions, healing, language and intergenerational trauma have all contributed to an environment that puts Indigenous individuals vulnerable and at risk of being sexually exploited into trafficking. The input from Indigenous survivors, Indigenous Social and Health Service organizations and Band community members will be a valuable asset in helping determine the

needs, gaps in services and prevention initiatives in each of the three local First Nation communities.

This project collaboratively sought survivor's experience, community service provider knowledge, College student input and Indigenous wisdom to make recommendations in an effort to help Sarnia-Lambton and its Indigenous First Nation become a safer place to live.

PROJECT BACKGROUND AND OVERALL RESEARCH DESIGN

THEORETICAL PERSPECTIVES

STRUCTURAL-FUNCTIONALIST PERSPECTIVE

This research project uses a structural-functionalist perspective to obtain knowledge to best evaluate HT prevention strategies and support services for the Sarnia-Lambton and its communities. The structural-functionalist perspective views society as a system of “interconnected parts which work together in harmony to maintain a state of balance and social equilibrium” (Mooney et al., 2012, p. 11).

Through this perspective, the research team interpreted findings and explored in-depth the lessons learned including a comparative analysis from information gathered and from the literature review. The team applied this perspective during analysis to assist in evaluating gaps in services and exploring prevention strategies. This perspective “emphasizes the interconnectedness of society by focusing on how each part influences others while also how it is influenced” (Mooney et al., 2012, p. 11). By using the structural-functionalist perspective to research the social problem of HT and exploitation, it (has allowed) the research team to look at how all parts of our community work together to support victims and survivors of HT as well as how gaps in services are occurring with a lack of interconnectedness. The structural-functionalist perspective also examines the effects of social elements of society by using the terms ‘functional’ and ‘dysfunctional’ (Mooney et al., 2012, p. 11). Functional elements contribute to social stability while dysfunctional elements disrupt social stability (Mooney et al., 2012, p. 11). Some aspects of a society may be both functional and dysfunctional (Mooney et al., 2012, p. 11). For example, crime, such as HT and exploitation, are dysfunctional to society while also functional as this crime leads to heightened awareness of the social problem to share in social moral bond and increase social collaboration. This perspective encourages social

systems to work collaboratively together to ensure a more structured support system in the community.

Under the structural-functionalist perspective are the theories of social pathology and social disorganization. Social pathology theory views social problems as a result of a 'sickness' in society (Mooney et al., 2012, p. 11). A society becomes 'ill' when elements of the societal structure and culture are no longer performing properly (Mooney et al., 2012, p. 11-12). This social illness can also occur when members of society are not adequately socialized to adopt norms and values (Mooney et al., 2012, p. 12). Through this theory, HT and exploitation can be seen as the illness in a society where individuals who traffic others or are the consumers have not adopted the societal norms and values in which trafficking and exploitation are both illegal and unacceptable. This theory identifies that in order to "prevent a social problem, members of society must receive proper and moral education which can be accomplished in the family, schools, community organizations, workplace and through the media" (Mooney et al., 2012, p. 12).

For this project, the research team worked to identify prevention strategies and gaps in services for the Sarnia-Lambton and its communities to better prevent HT and exploitation as well as to better support victims and survivors throughout the community. Social disorganization theory views social problems as rapid change which can disrupt norms in society (Mooney et al., 2012, p. 12). When norms become weak or are in conflict with each other, society is in a state of 'anomie' or normlessness (Mooney et al., 2012, p. 12). These conflicts can include crime, drug addictions and violence because norms regarding behaviours are in conflict (Mooney et al., 2012, p. 12). Within this theory, HT and exploitation would be seen to weaken societal norm creating conflict. As a solution to social problems, social disorganization theory focuses on slowing the pace of social change and strengthening the social norms (Mooney et al., 2012, p.

12). For example, the pace of HT and exploitation can be slowed through the use of public awareness, education across all demographics, and the use of stronger consequences for offenders. The research team hoped to identify factors to empower members of the Sarnia-Lambton communities to create change and to help prevent and protect individuals at risk, victims, and survivors of HT and exploitation.

SYMBOLIC INTERACTIONIST PERSPECTIVE

This project uses a symbolic interactionist perspective to review the knowledge of the demographics from the Sarnia-Lambton communities who participated in the research to better their knowledge and understanding of what they define as HT and exploitation. The symbolic interactionist perspective views “the basic premise of a social problem as a condition which must be defined or recognized as a social problem for it to be a social problem” (Mooney et al., 2012, p. 15). In order for the issue of HT and exploitation to be identified as a social problem within Sarnia-Lambton, community members have to identify it as such. This perspective identifies a three-stage development to view the tracing of the development of a social problem (Mooney et al., 2012, p. 15). The stages include:

1. “When the social problems pass through social recognition,
2. Social legitimation takes place when the social problem achieves recognition by the larger community, and
3. The development of a social problem involves mobilization for action which is when individuals and groups come together with concern on how to respond to the social problem and condition” (Mooney et al., 2012, p. 15).

For example, members of the Sarnia-Lambton communities have begun to identify and recognize HT and exploitation with the creation of the CAHT. As a committee, the CAHT have come together to respond to concerns of exploitation in the community and look at strategies to

educate as well as to protect Sarnia-Lambton. This project aimed to further understand what the community as a whole would like to see for prevention strategies, prevention and support services for the Sarnia-Lambton communities.

Under symbolic interactionist perspective is the labelling theory. Symbolic interactionist perspective has “the concern which the effects of labelling on the definition of a social problem and the effects of labelling on the self-concept and behaviour of an individual” (Mooney et al., 2012, p. 15). In regards to the social problem of HT and exploitation, there would be a concern that victims and survivors of this crime are labelled and experience stigmatization from society. HT and exploitation are a complex and hidden social problem which has been misinterpreted through the portrayal in the media which could have negative effects on how members of Sarnia-Lambton see this social problem in our community. The research team aimed to identify strategies to educate and create awareness in the Sarnia-Lambton communities to better support those who have experienced HT and exploitation along with service providers who support these individuals.

This theoretical perspective gave the research team the foundation to build interview questions and questionnaires used for the demographic participants and assisted with sharing the project’s research objectives; knowledge, prevention, risk facts, gaps in services, and support services. Each set of questions was designed to review demographics’ knowledge around HT and exploitation in terms of if they believe it is a social problem, what support services are needed in Sarnia-Lambton and its communities, and if they were aware of services available for victims/survivors of trafficking or exploitation.

From the project’s recommendations, Sarnia-Lambton and its communities can collaborate to mobilize for action to prevent and protect individuals from trafficking and exploitation while also

responding to the social problem of HT and exploitation to support victims and survivors through community support services.

FEMINIST PERSPECTIVE

This project uses a feminist perspective to research strategies to protect and empower those who are at risk, victims, and survivors of HT and exploitation in the Sarnia-Lambton and its communities. The feminist perspective starts with “the observation that the experiences, social relations, and locations of women’s lives are missing or discounted in traditional sociology perspectives and further seeks to understand how gender is related to social inequalities” (Mooney et al., 2012, p. 15).

The project uses a feminist perspective throughout the methodology and alongside the structural-functionalist and symbolic interactionist perspectives to evaluate how the social inequalities of gender are affected by HT and exploitation. The feminist perspective is heavily rooted in the social problem of HT and exploitation as many of those who are victims and survivors are women and girls who have faced oppression through their experience. When examining Canada more closely, between 2009 and 2016, police-reported data identified 95% of trafficking victims were women (Ibrahim, 2018, p. 5). This perspective reviews how women’s contributions and experiences have not been included or accounted for in society (Mooney et al., 2012, p. 16). In order to decrease the lack of women’s contributions to the solution of this social problem, the research team included survivors of HT and exploitation as participants to better understand their perspective and gain knowledge on supports and services they see as beneficial.

The feminist perspectives play a large role in the healing journey of Indigenous women who have been harmed by the effects of HT. The violence and racism faced by Indigenous women

are intertwined through the history of colonization and intergenerational trauma has created an environment for HT to flourish (Ontario Native Women's Association, 2019, p. 2). Looking back at the history, Indigenous women in Canada were subjected to patriarchy public law reinforcing the dominance and power of men while being further oppressed by the Indian Act (Ernestine Kroesenbrink-Gelissen, 1998, p. 299). For Indigenous people in Canada, there is a reciprocal and unique relationship with water, particularly, Indigenous women share a sacred connection to the spirit of water through their role as child bearers, and have responsibilities to protect and nurture water (Cave & McKay, 2016). In the past, Indigenous women have experienced the undermining of their autonomy, influenced by both Indigenous and non-Indigenous men (Ernestine Kroesenbrink-Gelissen, 1998, p. 299). Through colonization and lack of services to sustain reserves, it has led to a disconnect in the intergenerational transfer of knowledge surrounding water (Cave & McKay, 2016). Due to this loss, communities have experienced further "loss of language, traditional practices, and the roles and responsibilities of Indigenous women related to water" (Cave & McKay, 2016). While combining the feminist perspective with a symbolic interactionist approach to social problems, Indigenous women are taking action. "Indigenous women across the country are raising their voices to draw attention to water issues faced in Indigenous communities and the inequities in the involvement of Indigenous women in water governance" (Cave & McKay, 2016). "They are arguing for the necessity of restoring women's rightful place in and responsibilities for water governance" (Cave & McKay, 2016). Under the feminist perspective, social problems are caused by the separating hierarchy of genders which creates potentially dangerous inequalities between women and men with negative consequences across social institutions and groups (Mooney et al., 2012, p. 16). HT exploits women, girls and 2SLGBTQQIA groups and uses them as a commodity for another person's gain. When looking for solutions, we need to challenge society's exclusion of genders and decrease the deeply rooted inequalities that have existed in policies and institutions that have predominantly been based on male-centred values. By examining the social inequalities of

gender, it helps in our understanding of the power and control dynamics that exists between the victim and the trafficker. The feminist perspective reviews how women's contributions have not been included in society.

Sarnia-Lambton and its communities as a whole, its members, stakeholders and CSP, need to come together in collaboration to challenge gender social inequalities and defined social problems around HT and exploitation to better support those who have been trafficked or exploited. This project aimed to gain insight from multiple demographics to better understand how to prevent, protect and empower those at risk while decreasing the social inequalities around trafficking and exploitation.

RESEARCH DESIGN

The main objective was to explore strategies on prevention, empowerment and support for vulnerable populations, victims and survivors of HT in Sarnia-Lambton and its First Nation and Francophone communities.

This project involved four different demographic groups:

- 1) Sarnia-Lambton Community Service Providers
- 2) Survivors of Human Trafficking
- 3) Lambton College Students
- 4) Local First Nation Communities

Each demographic group required their own research design to collect relevant data and information for the study. Qualitative Research approaches were used in all four demographic groups. Further details of data collection and analysis is included in each demographic group

section. Below is a summary of each demographic group.

1) Sarnia-Lambton Community Service Providers:

In Sarnia-Lambton there are approximately 150 CSP, and the research team estimated that 100 of those specifically work with children, youth and adults. The team contacted 75 CSP (Appendix 1) to schedule interviews with and successfully met with 70 CSP and with only 5 CSP who chose not to participate in the study. CSP included social service agencies, health care providers, crisis centres, school boards, college, law, jail, police departments, and politicians. The primary goals for gathering input from CSP was to explore what factors put people at risk, determine the gaps in services for victims and survivors, gather insight on prevention strategies and to explore how as a community we can build sustainable services to prevent and empower vulnerable populations from being at risk of HT.

The structured interview was conducted in-person by the research team at the participant's workplace, at a time of their convenience. All CSP were provided with an overview of the purpose of the research as well as how the research would be conducted, collected and distributed. Each CSP signed a consent form (Appendix 2) before participating in the interview. CSP were also given permission to opt out of answering any question. Data was collected by the Principal Investigator (PI) and Researchers using handwritten notes. The research team collected the information using the qualitative approach from interviews with CSP. By reviewing qualitative interview data, researchers are able to review the data, make sense of it, and organize it into categories or themes which can be applied across all data sources (Creswell, 2014, p. 186).

2) Survivors of Human Trafficking:

The data for the survivor analysis is based on twelve interviews with survivors of HT, all over the age of 18 years and identified as female. They also all currently reside in Sarnia-Lambton.

Survivor's known to the PI as well as staff from the SASC, helped design the questions for the questionnaire that was used in the interviews. The referrals of survivors' came from a variety of social services and health care organizations including: SASC, Ontario Works--Circles Program, North Lambton Health Centre, Victim Witness Assistance Program and the Inn of the Good Shepherd. Two (2) of the survivors identified as Indigenous, ten were non-Indigenous. There were no referrals from the francophone community. Survivors were selected by their counsellor from different agencies and were invited to participate voluntarily in the research study.

Survivors were interviewed to provide insight from their personal experiences when they were trafficked. They were also asked to share information regarding gaps in community services, beneficial prevention strategies for vulnerable populations and how the Sarnia-Lambton community can better empower and support victims and survivors of HT (Appendix 3—Interview Questions for Survivors and Appendix 4—Interview Questions for Indigenous Survivors). The PI met with all referring counsellors and reviewed with them the process of the structured interview and provided a brief training session on the use of the Pre-Assessment Screening Tool (Appendix 5) to use to determine the client's readiness for participating in this research. The research team collected the information using the qualitative approach from interviews with CSP.

3) Lambton College Students:

The research team's goal was to assess the student's knowledge of HT. It is believed that Lambton College students can provide insight on their demographics' knowledge and opinions regarding the causes of, and risk factors for, the problem, gaps in or lack of knowledge of community services, and beneficial prevention, empowerment and support strategies. The

Student Questionnaire was presented to participants via Survey Monkey (Appendix 6). The electronic questionnaire was anonymous and was used to investigate responses from a sample student population at Lambton College. The data was collected by three (3) Student Research Assistants, the Researcher and the PI using three (3) iPads. A total of 126 students participated voluntarily and completed the questionnaire, which represented 4% of the total full-time Lambton College student population. All student participants were required to be over the age of 18 years. Students were recruited randomly by the research assistants and all students willingly agreed to participate in the questionnaire.

4) Local First Nation Communities:

There are three (3) local First Nation communities in Sarnia-Lambton which includes Chippewas of Kettle and Stony Point First Nation, Aamjiwnaang First Nation Chippewas of Sarnia and Walpole Island First Nation-Bkejwanong Territory. After approval was given from the Chief and Band Council, the research team implemented two different groups of voluntary data collection from each community and Urban Indigenous outreach services including the Sarnia-Lambton Native Friendship Centre (SLNFC). These two data collection groups were: 1) CSP departments and 2) Community Members.

The research team met with all three (3) First Nation communities as well as the SLNFC to discuss the intent of the project, and to inquire about how they would like to be involved. Each Indigenous community and the SLNFC had input into the creation of the information letters, consent forms, Readiness Checklist and Screening Tool, CSP interview questions, Community Member questionnaire, Survivor interview questions, and Lambton College student questionnaire. The research team had full engagement and cooperation from the three Indigenous Communities and the SLNFC who participated in this study.

The project explored and collected relevant data, information, stories and experiences from more than 300 individuals in Sarnia-Lambton who participated in this research study. The participants came from diverse backgrounds, including; professionals from social services, health care providers, front line workers, politicians, police, educators, advocates, survivors, College students, Francophone members and members from First Nation communities who contributed to the research through an interview and or questionnaire. Many also attended the education sessions the research team and SASC offered either at their workplace or in a public community setting. Their insight and knowledge shared, benefited the work being done currently in this community to support victims and survivors of HT. Engaging survivors to feel safe and supported will also aid them in their healing journey.

RESEARCH TEAM EDUCATION AND TRAINING

Throughout the project, the research team participated and attended training, conferences and workshops to enhance education and awareness on HT, exploitation, and related support services. The training and conference were throughout Sarnia-Lambton and Ontario. These education sessions included:

- Sarnia-Lambton Advocacy and Networking Workshop
- Chatham Human Trafficking Town Hall
- Circles Canada Lived Experience Presentation
- Family Services of Peel Trauma Informed Training
- Global Conference on Human Trafficking and Trauma
- King's University College (Western University) Talk and Discussion on Human Trafficking-Trauma Informed Indigenous Human Trafficking Training Workshop
- Sarnia-Lambton Human Trafficking Awareness Day

- St. Clair Tri-County Staff Training and Development Presentation on Human Trafficking: Strategies for Prevention and Early Recognition
- Survivors Lived Experience Presentations
- Timea's Cause Inc. Train the Trainer for Service Providers

The research team also completed online training and webinars including:

- Intersectional Trauma-Informed Approaches to Human Trafficking for The Purpose of Sexual Exploitation Northeastern Ontario
- Online Training Initiative to Address Human Trafficking
- Western University Webinar—Strategies for Working with Indigenous Peoples Experiencing Trauma

The PI was invited to present a virtual online training session on “Grooming by Traffickers” for the Centre for Research and Education on Violence Against Women and Children (CREVAWC) with Western University.

Sarnia-Lambton Community Service Providers

Exploring the Knowledge, Prevention Strategies and Support
Services to Combat Human Trafficking



INTRODUCTION

The research team was pleased to meet with 70 CSP, gathering information and wisdom from them. They provided information on how best to provide adequate services to a very complex and hidden social problem in our community.

The research explored with the CSP their knowledge of HT and determined whether they had and would want future training on this social problem. The research explored what CSP perceived as the warning signs an individual is at risk of HT, identified populations that are potentially at higher risk and described luring strategies that they have observed in their work with victims and survivors of HT. Requesting the CSP to estimate the number of clients they believe were victims of HT in the past year helped the research team determine whether this is a growing problem in our community. The research identified gaps in services for victims and survivors. CSP were also questioned about what they believe draws consumers (men who purchase sexual services) towards HT and ideas to deter them from seeking it out. Finally, the research sought the knowledge of CSP to creatively and collaboratively establish strategies and action plans for prevention and solutions to combat HT in the community.

It is the research team's hope that this knowledge will be used to better address the needs of victims and survivors and ensure the provision of services to make Sarnia-Lambton a safer community. CSP ultimately want to protect vulnerable populations from recruitment, and to empower and support all victims and survivors of HT.

RESEARCH DESIGN FOR COMMUNITY SERVICE PROVIDERS

In Sarnia-Lambton there are approximately 150 CSP, and the research team estimated that 100 of those specifically work with children, youth and adults. The team contacted 75 CSP to schedule interviews and successfully met with 70 CSP. Only five (5) CSP chose not to

participate in the study. CSP included social service agencies, health care providers, crisis centers, school boards, college, law, jail, police departments, and politicians. A list of all CSP interviews is included (Appendix 1). CSP were all very willing and motivated to work with the team which facilitated the collection of data a great deal. There was a resounding consensus among the CSP that this research is needed because they believe HT is a growing problem in the community.

The primary objectives in speaking with CSP was to explore what factors put people at risk, determine the gaps in services for victims and survivors, gather insight on prevention strategies and to explore how as a community we can build sustainable services to empower vulnerable populations at risk of HT and prevent them from becoming victims.

The research team requested a meeting with the Executive Director and/or Senior Manager of each organization, who would have the level of expertise needed to respond to research questions. The names of the participants remain confidential and the information collected will be identified by the name of the agency or organization where applicable. CSP were interviewed to provide insight from the perspective of professionals who provide support services to their communities. The team asked participants about their professional experiences with HT, services offered at their agency, overall community services, and what they believe is needed in the communities regarding HT (Appendix 7).

The structured interview was conducted in-person by the research team at the participant's workplace, at a time of their convenience. All CSP were provided with an overview of the purpose of the research as well as how the research would be conducted, data collected and distributed. Each CSP signed a consent form (Appendix 2) before participating in the interview.

CSP were also given permission to opt out of answering any question. Data was collected by the PI and Researcher using handwritten notes.

The research team collected data using a qualitative methodology that included interviews with CSP. By reviewing qualitative interview data, researchers were able to make sense of it, and organize it into categories or themes which could be applied across all data sources (Creswell, 2014, p. 186). The data collected was used to identify repetitive patterns of action and values, and to assign key terms (i.e., codes) to them. Since coding was a highly interactive process, we started with hard copy printouts completed at interviews and utilized visual methods of colour coding to help identify significant words, quotes, and passages from narratives that were worthy of attention. In an iterative fashion, the research team looked specifically at similarities, differences, frequencies, and sequencing of identified key terms and themes in the data. The team refined the coding by laying out and comparing transcripts to consolidate meaning. This helped to develop the qualitative code book. Researchers were able to make inferences, connections, patterns, relationships, and interpretations to build the theory from the data collected (Creswell, 2014, p. 198). Using the first 10 interviews as a baseline, the team was able to determine the key themes and concepts that evolved from the insight and wisdom shared by the CSP. The research team also added more key terms, some unexpected, as they emerged throughout our coding iterations. All data from open-ended questions was entered into the computer program MAXQDA for coding and thematic analysis. Thematic analysis is an outcome of coding, categorization and analytic reflection (Creswell, 2014, p. 196). The MAXQDA software helped to collect and display key words and phrases, and retrieved, filtered, grouped, linked, and compared our data. The research team, also took collected quantitative data (statistics) from yes/no and check-all-that-apply questions, and turned them into pie charts or bar graphs to help with a narrative analysis. The team examined the descriptions and

interconnected themes that evolved from the coding process and developed a narrative passage for the analysis.

The research team also checked for validity of the analysis by exploring other local, provincial and National organizations who work on anti-HT strategies through online searches. The findings from the CSP interviews and recommendations are presented in this report, as well as action agendas for reform and change to share with partners and the community.

Sarnia-Lambton's CSP were very supportive of the research and eager to learn more about HT. With the sudden arrival of COVID-19, the in-person research came to a full and unexpected stop. Fortunately, the majority of interviews had been completed. The PI was able to complete (5) five CSP interviews during COVID-19 using technology.

RESEARCH ANALYSIS

EDUCATION AND TRAINING

Training opportunities have been offered to CSP throughout Sarnia-Lambton on HT. 43% of the CSP interviewed indicated they had received training on HT. 57% of CSP indicated they had not received any training. Over the last few years, the SASC has made a significant effort to provide education and public awareness on this topic to the community. Of the CSP interviewed, just less than half indicated that they had received training directly from the SASC and had a representative from the Centre (Chantel Butterfield, Trish Vanoosteram or Alana Bingham) present to their staff on HT. The SASC has been instrumental in bringing in keynote speakers, survivors and other provincial agencies to present on this topic. They have provided affordable training in the community for both CSP and the general public.

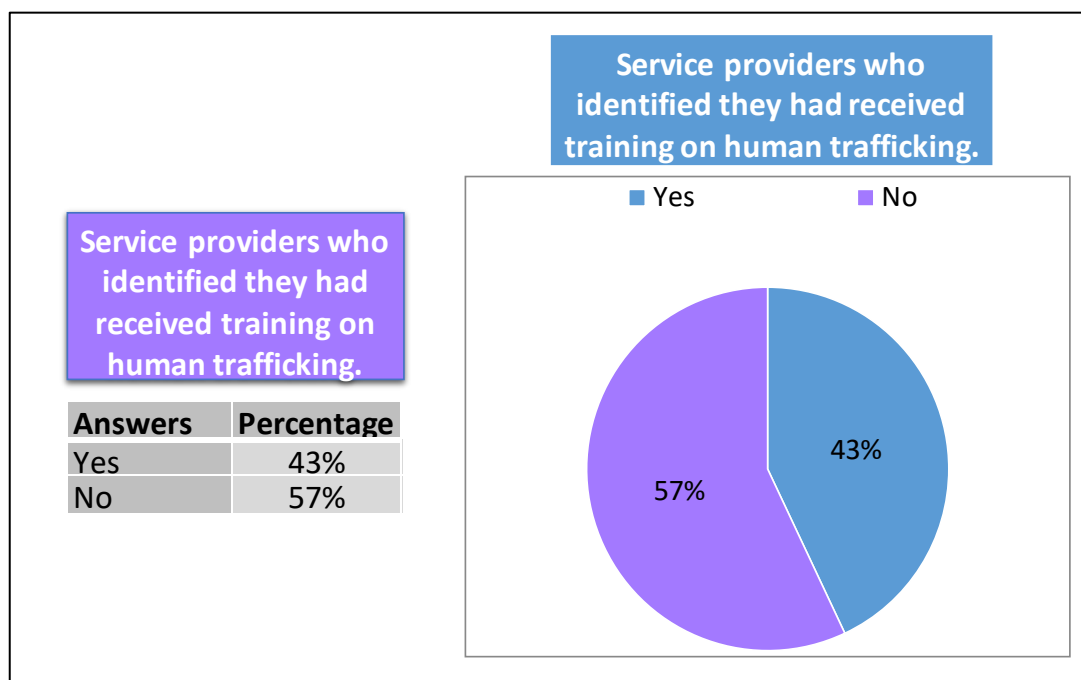


Figure 1.1

The CSP in this research study identified specific learning opportunities that were helpful, including guest speakers. Specific speakers included: Timea Nagy from Timea's Cause in Toronto, ON, Bridget Perrier from Human Trafficking 101 in Toronto, ON, Maya Chacaby on Indigenous Human Trafficking in Toronto, ON, AnnaLise Trudell from Violence Against Women-ANOVA in London, ON, Kelly Franklin from Farmtown Canada in Tillsonburg, ON, and Shelley Gilbert from Victim Services in Windsor, ON. A few CSP indicated staff has also attended provincially funded conferences held by the Ministry of the Attorney General, Police Associations Conferences, Ontario Municipal Social Services Association, and Violence Against Women Southwestern Region Conference. They reported that all of these provincial training opportunities were very good educational opportunities for their staff. The majority of CSP gave positive feedback about hearing survivors share their personal stories about being trafficked. These compelling stories were a powerful learning experience for participants and it helped them gain a better understanding of the problem in their communities. The research team along with the SASC had (2) two local women volunteer to share their personal stories at multiple

education and training sessions offered in the community. The survivors who shared their stories reported feeling a strong sense of empowerment having had the opportunity to be an agent of change in their community. They shared that telling their stories was an opportunity to have their voices heard. They hoped to protect others, and found that it also allowed for some healing and closure.

An overwhelming majority (98%) of the 57% of CSP who had not received HT training indicated they would like future training for their staff. Only 2% of the CSP stated they were confident with their current knowledge on this subject area. Throughout the research, CSP regularly asked the research team and the SASC to return and provide more education to their staff.

Collaboratively, the research team and SASC conducted eight (8) well-attended in person education sessions and one online virtual training for a variety of CSP over the two (2) years. Over 90 staff participated. The research team was also asked to present two (2) awareness and education sessions on HT to Lambton County Social Services Circles Program to Allies and Leaders, with a total of 45 participants. This learning opportunity was very empowering for the Circles participants. It offered an opportunity to have a voice on a very important issue and to act as agents of change in the community.

Education sessions were also offered to local health care providers, including the Lambton Public Health Unit, Rapids Parkway Health Centre Social Work Team, and a number of teams from Bluewater Health including Mental Health Crisis, Infant and Maternal Health, Occupational Therapy, and two sessions for Addictions Services. A total of 59 health care professionals attended these education sessions. On several occasions, one (1) of the volunteer survivors shared their personal story to provide an inside perspective of HT in Sarnia-Lambton.

This research concludes that there is an overwhelming desire from CSP to learn about the evolving social problem of HT, which in turn offers great potential for collaboration between SASC and Sarnia-Lambton organizations for future education and training.

KNOWLEDGE OF VICTIMS AND SURVIVORS

Of the CSP, 75% interviewed believed they had experience working with HT survivors in the past year. 12% reported they did not believe they had worked with any HT survivors, and 13% were 'unsure' if they had worked with HT survivors in the past year. Of the CSP who identified as working with HT survivors, 71% indicated the clients were trafficked sexually and 29% were trafficked for the purpose of labour exploitation. Little was learned in this research regarding labour trafficking in Sarnia-Lambton as most CSP found it difficult to identify victims and were not directly involved in responding to labour trafficking as an organization.

62% of CSP indicated they do not feel knowledgeable or are unable to support a survivor of HT, whereas 38% of CSP believed they are knowledgeable about how to support a survivor. It is important to note that the majority of CSP in Sarnia-Lambton believe they are unprepared to work with this population. Previous results identified that 98% of CSP want more training on this hidden social problem, which is consistent with the high percentage of CSP that also indicated they were not knowledgeable and believed they were unprepared to support a survivor of HT. The important need for education and training provides the opportunity for SASC to continue the community collaboration to address this subject.

To further explore the prevalence of HT in Sarnia-Lambton, 55 CSP were asked to indicate an estimated number of clients in the past year (2018-2019) they believe were exploited or

trafficked. Figure 1.2 identifies the approximate number of clients that CSP reported working with over the past year who had been trafficked:

Number of Clients Who Were Trafficked	Number of CSP Identifying Clients Who Were Trafficked
0	8
1-5	26
6-10	4
11-15	7
16-20	2
20-25	1
26-30	1
31-35	0
36-40	0
41-45	0
46-50	1
51+	5

Figure 1.2

Of the six (6) CSP that indicated they worked with approximately 50 or more clients in the past year who were trafficked the breakdown was as follows: One (1) CSP worked with approximately 50 HT clients per year, one (1) CSP stated they believed they had worked with approximately 60 HT clients per year, two (2) CSP stated they believed they worked with approximately 70 HT clients per year and two (2) CSP worked with approximately 100 HT clients per year.

Note: There is a strong possibility that some of these CSP may be providing support services to the same clients, therefore the numbers may be skewed. Due to the need to protect client confidentiality and respect privacy, the research team did not have access to any identifying information to determine if there are duplicates in the numbers being reported.

However, these alarmingly high numbers of clients who have experienced HT reported by local CSP does not reflect Sarnia Police Services and OPP reports of people being investigated on HT charges:

- In 2018, Sarnia Police Services and OPP combined, charged five (5) individuals with trafficking of persons, 24 charges of related sexual offences* and 13 investigations of HT.
- In 2019, Sarnia Police Services and OPP combined, charged 2 individuals with trafficking of persons, laid 2 charges of related sexual offences* and conducted 19 investigations of HT.

*Related sexual offences include: adult material benefit from sexual services, adult material benefit from sexual services under 18 years, adult procuring (giving someone access to the sex trade), adult advertising sexual services, adult sexual exploitation, adult making prints, published or possession of child pornography, sexual assault, drug possession, adult fails to appear-summons, adult possession of property obtained by crime under \$5,000 (A. Taylor and L. Horan, personal communication, June 2020; D. Whelpley, personal communication, May 2020).

It is important to note for the purpose of this report, that the term ‘investigation’ tracks the number of victims not the number of traffickers. These findings are also consistent with a statement made by Canada’s previous Minister of Public Safety, Honourable Ralph Goodale who stated publicly that Canada’s HT problem is a “serious, complex and hidden social problem” (2018).

Nationwide, the statistics for investigations and charges are considerably lower than what is being observed by social services and health services in our country. Between April 2017 and March 2018, Public Safety Canada (2018) reported that police forces identified 47 trafficking in-

person cases and 295 continued prosecutions, of which 285 were related to sex trafficking and 10 were related to labour trafficking (p. 4). Of the cases reported to police, 60 victims of trafficking were identified. Also, during this time period, police forces in Canada charged 78 individuals in 47 trafficking in-person cases, under section 279.01 of the Criminal Code, which included the conviction of five traffickers (Public Safety Canada, 2018, p. 4).

In North America, the detection of traffickers still lags far behind the number of victims who have been identified (United Nations Office on Drugs and Crime, 2018, p. 23). The criminal justice system reflects only a small portion of the HT problem in Canada, including Sarnia-Lambton. This poses a challenge for communities across the country to examine HT more thoroughly. The research findings showed a wide discrepancy between what is observed by CSP about local victims in the community and what is reflected in local police investigations or charges of HT.

Faced with these challenges locally, Inspector Whelpley from Sarnia Police Services stated,

“The Sarnia Police Service has enhanced the province-wide response to the victims of human trafficking by maintaining and expanding victim’s access to victim services and educating our officers regarding the special funding available to HT survivors. We have been able to coordinate and collaborate with provincial and municipal law enforcement agencies that also investigate and prosecute offenders through participation in strategy working groups and intelligence sharing. The Sarnia Police Service has increased community mobilization through the use of ‘situation tables’ and ‘community coalitions’ regarding HT survivors. These strategies have given the Sarnia Police Services the ability to provide ongoing education to our policing membership and community partners to increase awareness of the signs and risk factors of HT and promote advocacy partners who provide assistance” (personal communication, May 2020).

Inspector Sergeant Andy Taylor of the OPP from the Anti-Human Trafficking Investigations Coordination Team in Orillia, also finds HT a very difficult crime to investigate and prosecute. Taylor stated, “it is difficult to prove exploitation when witnesses are terrified to testify as their lives are threatened or people they love have been threatened by the trafficker” (personal communication, May 2020). “Investigating HT is a gray world, not black and white, as the criminal indicators are often in the gray area and thus difficult to prosecute” (A. Taylor, personal communication, May 2020). Taylor equates HT as a “low risk crime with low overhead type of crime, it is a profit making motivated crime that involves sex” (personal communication, May 2020). The level of detection is very difficult and the costs of investigating crimes such as cybercrime, identity theft and human trafficking are astronomical” (A. Taylor, personal communication, May 2020). Taylor also stated that probably police forces in Ontario are looking forward to the Ontario government’s plan to invest \$307 million in the next five years to help fight HT, with the hopes that more funds will allow police to increase surveillance of this crime (personal communication, May 2020). According to the Provincial Government, \$70 million of the total \$307 million has been targeted to help with specialized training for Crown attorneys and intelligence sharing among police services to better coordinate investigations. The overall goal is to ‘bolster law enforcement’ and hopefully this influx of funds will address the problems in our judicial system (Takema, 2020).

According to Doug Ford, Premier of Ontario, some of this funding will be used to address our weak judicial system (Takema, 2020). Ford is determined to fight against HT with his pledge “to put an end to this disgusting industry that profits off the backs of the province’s most vulnerable, no child should ever live in fear of violence and exploitation. We’re going to keep up the fight to protect our kids” (Takema, 2020).

The plan will be to strategize a new provincial wide public awareness campaign, enhanced support for Crown attorneys and police investigations and trafficking awareness curriculum for Ontario's school system and improved support for victims. "The program also calls for 'new specialized intervention teams,' focused on at risk and exploited children and youth as well as opening three 'licensed residents' to provide supports for the complex trauma experienced by those who have been victims of trafficking" (Takema, 2020).

CSP were asked to identify how HT clients were referred to their organization. Most HT clients 43% had self-referred, and 36% were existing clients. This validates the value and importance of trust and safety in the worker/client relationship. Many referrals 34% also come from other CSP, specifically:

- 7 survivors by Police/Judicial Services
- 5 survivors from Ontario Works or Ontario Disability Support Program
- 3 survivors from SASC
- 2 from health services
- 2 from other social service agencies

This evidence supports a strong interconnectedness between local CSP in Sarnia-Lambton, demonstrating a good collaboration and excellent networking on behalf of survivors. 20% of referrals from the 'other' category, identify unique sources including social media, parents, schools, workshops and knocking on doors. 16% of the clients were referred by a friend or family member to receive support.

GROWING PROBLEM

There was an overwhelming consensus from all CSP (99%) interviewed that they believe HT is a growing problem in both Canada and Ontario and the vast majority (97%) reported it as a growing problem in Sarnia-Lambton and First Nation communities. What we are seeing in our community is not reflected in police investigations and charges of HT. The statistics from police records underrepresent the reality of the problem, when compared to the numbers of potential victims and survivors identified by our CSP from the community.

Globally, HT is the second most profitable organized crime, next to drug trafficking (Kaye, Winterdyk and Quarterman, 2014, p.3) and has found its way into Canada, Ontario and local communities. Inspector Sargent Andy Taylor stated,

“one trafficker can make up to \$300,000 tax free from exploiting one victim in one year. If the trafficker has more than one victim, then the profits keep multiplying. Most traffickers are rarely caught, as the victims are so controlled and traumatized that they don’t report to the police and even less likely to testify in court against the trafficker” (personal communication, May 2020).

The prevalence of the problem is complex as HT is a very secretive and hidden social issue. It has only been a criminal offence in the Canadian Justice System since 2005. Since that time, there have been 455 HT cases reported by the RCMP across Canada (Goodale, 2018). Measuring the actual number of cases of HT based on criminal charges leaves a lot of room for inaccuracy in documenting the numbers. Often cases go undetected and underreported, as we know that victims are reluctant and fearful to report to police (Public Safety Canada, 2018 p. 4). Detective Constable Grisewood from the OPP stated,

“HT is a very hidden problem, it’s like chasing ghosts. It is very difficult to charge anyone, if you don’t have a complainant, and you don’t have reasonable grounds to

investigate and charge the trafficker. This is compounded by the fact that victims are too scared to testify for many reasons such as drug addictions, involved in fraud or theft crimes with the trafficker so afraid they will be charged, and violent threats from the trafficker” (personal communication, May 2020).

Estimates show the rate of HT globally is 2.4/100,000, in Canada the rate is 0.9/100,000 population and in Ontario it increases to a rate of 1.6/ 100,000 population (Ibrahim, 2018, p 6). Specifically, large urban centres such as Toronto and Ottawa have reported higher incidences of HT (Goodale, 2018).

Between April 2017 and 2018 there were 47 new HT cases in Canada, along with 295 continued prosecutions of which 285 were related to sex trafficking charges and 10 were related to labour trafficking charges (Public Safety Canada, 2018, p. 4). Locally, Sarnia-Lambton’s data also reflects a low number of charges of HT and higher rates of related sexual offences.

WARNING SIGNS OF VICTIMS AND SURVIVORS

There are numerous potential warning signs that individuals could be at risk of HT. Local CSP have observed that their clients often demonstrated many of the signs identified in this research as key warning signs (25) for at risk clients. From the indicators identified in the research in Figure 1.3 the most prevalent potential warning signs observed among clients were low self-esteem (93%), mental health concerns (89%), little or no money (89%), alcohol and drug abuse issues (86%), signs of psychological abuse (86%) experience of loneliness (84%), dependency issues (84%), isolation (83%), being fearful (79%), and avoiding eye contact (79%). This research validates the relevance of warning signs to assist CSP in identifying at risk clients.

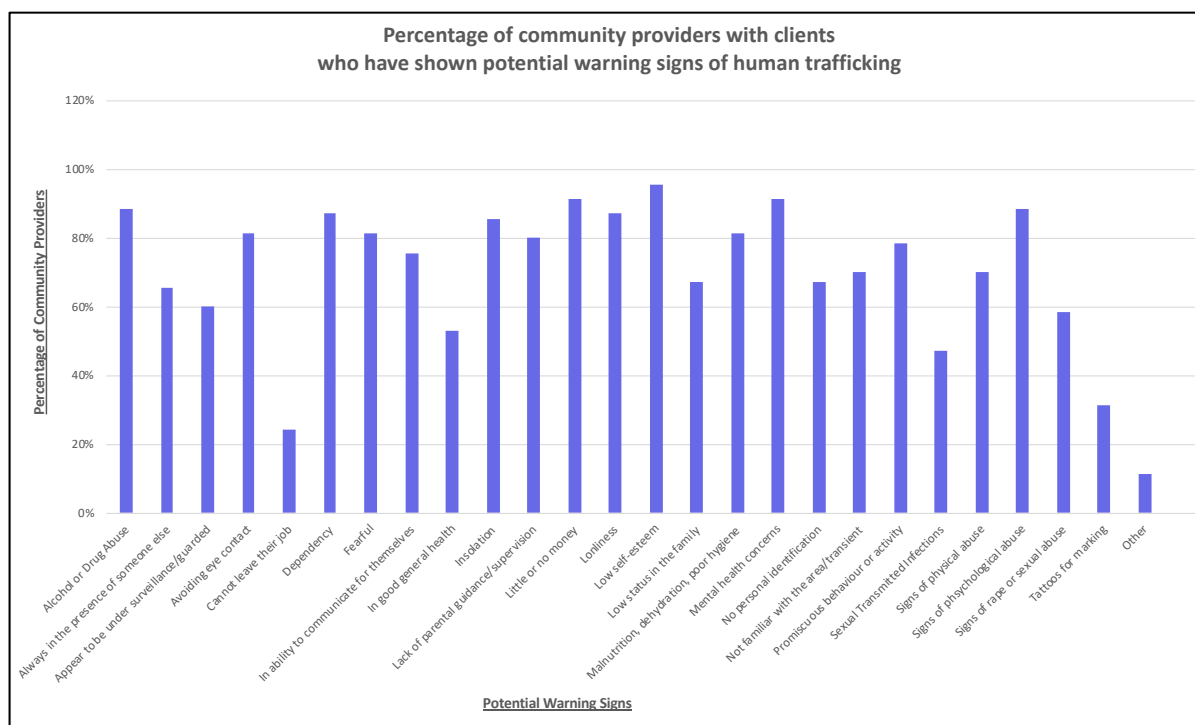


Figure 1.3

Two significant warning signs not identified by CSP departments, were tattoos for marking (31%) and the inability to leave their job (21%). CSP stated they have observed tattoos on their clients but generally did not discuss them in depth through a counselling session. A client's tattoos could potentially be markers of exploitation or trafficking, even though they may not be identified as such in the session. The inability to give up their job, is a warning sign primarily related to young people struggling to support themselves financially. The majority of CSP interviewed had experience with individuals who had been in sex trafficking but not in labour trafficking. CSP did not report evidence in this study that they have experience with labour trafficking. This could support evidence that labour trafficking is either not happening in Sarnia-Lambton or that it is more hidden than sex trafficking.

In the 'other' category, CSP also recommended paying attention to 'other potential warning signs' such as fear of failure, carrying personal effects at all times, changes in behaviour,

changes in appearance (weight loss, makeup and clothes) changes in academic performance and attendance, feeling safer in jail, having more than one cellphone at a time or constantly changing cell phones, or no access to a cell phone, refusal to follow up for care or help, being hesitant, reluctant and untrusting of authority, desperate for Wi-Fi access, and limited family and social supports.

The research team has validated that Sarnia-Lambton CSP have a good knowledge of potential warning signs to look for in terms of clients at risk for HT. Their understanding of the problem and the observations they made of their clients will continue to benefit our community in helping identify at risk clients and providing them with needed support.

POPULATIONS AT RISK OF HUMAN TRAFFICKING

Sarnia-Lambton's CSP responses to identifying the demographics of groups that are most at risk of HT was consistent with Canadian experts. Vulnerable and oppressed populations are most at risk of being exploited. The groups identified as most vulnerable included: individuals with mental health problems, immigrants and refugees, 2SLGBTQQIA, all disability groups, individuals with concurrent disorders, individuals who are looking for attention or are easily manipulated, naive, and lack of emotionally healthy relationships in their life. The Ministry of Public Safety (2018) stated traffickers will "target disadvantaged and vulnerable populations including children, adolescent girls, women, Indigenous girls and women, youth in care, runaways and homeless youth, persons with disabilities, refugees and migrant workers, and 2SLGBTQQIA persons" (p. 6). This is consistent with Canadian research studies describing the vulnerable as perfect targets for the trafficker. Traffickers prey on an individual's vulnerabilities and attempt to maintain control of victims by using force, assault, threats of violence and abuse of their power (Public Safety Canada, 2018, p. 2).

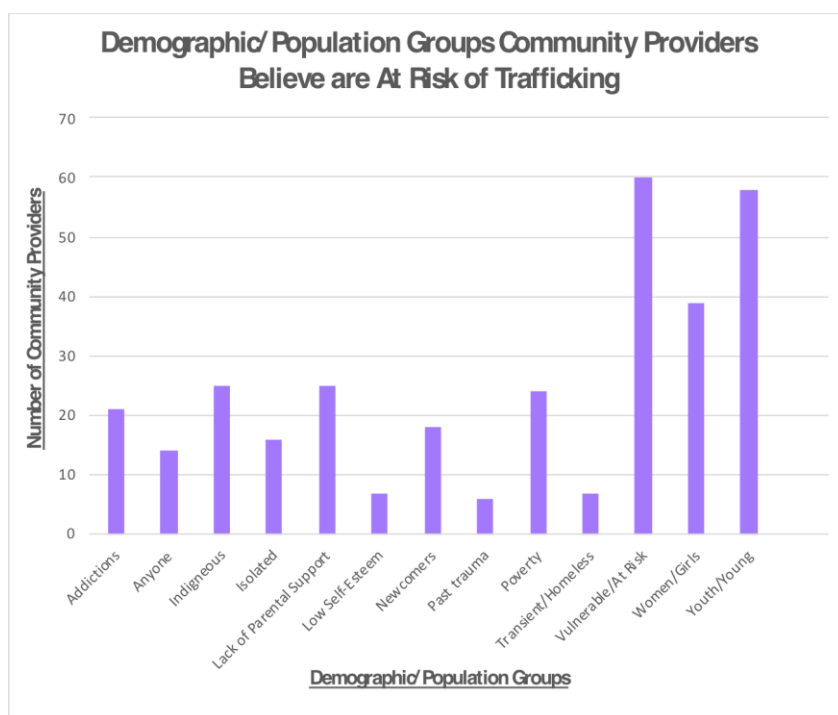


Figure 1.4

This research determined CSP believe that youth, both boys and girls, are the second-largest group at high risk of being recruited by traffickers. This evidence is supported by other research findings, “grooming is a process whereby predators target and prepare children and young people for sexual abuse and sexual exploitation” (National Inquiry into Missing and Murdered Indigenous Women and Girls, 2019a, p. 660). Women were also identified by CSP as a high-risk demographic and again that is supported by other research. Looking specifically at sexual exploitation and sex trafficking, traffickers predominantly target women and girls (United Nations Office on Drugs and Crime, 2018, p. 10).

Those experiencing addictions, homelessness, poverty, social isolation; Indigenous women or girls; immigrants and refugees and youth without parental support (Children’s Aid Society, ‘runaways,’ families with addictions, lack of supervision at home) are also considered oppressed groups and are at high risk of being lured into HT. Indigenous girls and 2SLGBTQQIA youth are

perceived as easy targets, especially if they are coming from the child welfare system, due to the lack of support, the expectation is that no one will look for these individuals (National Inquiry into Missing and Murdered Indigenous Women and Girls, 2019a, p. 660). Other factors identified that could potentially contribute to individual vulnerabilities included past trauma, low self-esteem, childhood abuse and loneliness.

Ultimately, it is also very important to note that ‘anyone’ can be lured into HT, and individuals from all walks of life can be at risk. Even with evidence pointing to young women and girls from unstable homes who have troubled pasts and are involved in high-risk lifestyles being most at risk, there is an increasing number of victims who come from reasonably stable homes, still attend school, and have jobs (Canadian Women's Foundation, 2014, p. 27). Not only are vulnerable and oppressed populations being recruited, but also youth from functional homes, middle and upper-class families, and youth who do well academically. HT crosses all boundaries.

RISK FACTORS FOR BEING RECRUITED INTO HUMAN TRAFFICKING

The researchers noted during the interviews that despite the very long list of potential risk factors (19) in total, CSP were able to identify an additional 40 risk factors. In Figure 1.5, a majority of the 70 CSP indicated that most of the 19 pre-identified risk factors are prevalent, and none were ranked as insignificant. This research supports the value of examining these 19 risk factors as relevant and the need to consider them when assessing an individual for HT. In the ‘other’ category, an additional list was created by CSP which included: lack of security, safety and support, gender identity issues, looking for love, friendship or companionship, unfamiliar surroundings, newcomers and refugees, disconnection to people and a community, lack of trust, isolation, lack of positive female role models, learned behaviour, children in Children’s Aid Society care, unemployment, criminal record, families with addiction, poor parenting, lack of

boundaries, vulnerability, boredom, lack of opportunity and sexualization of youth.

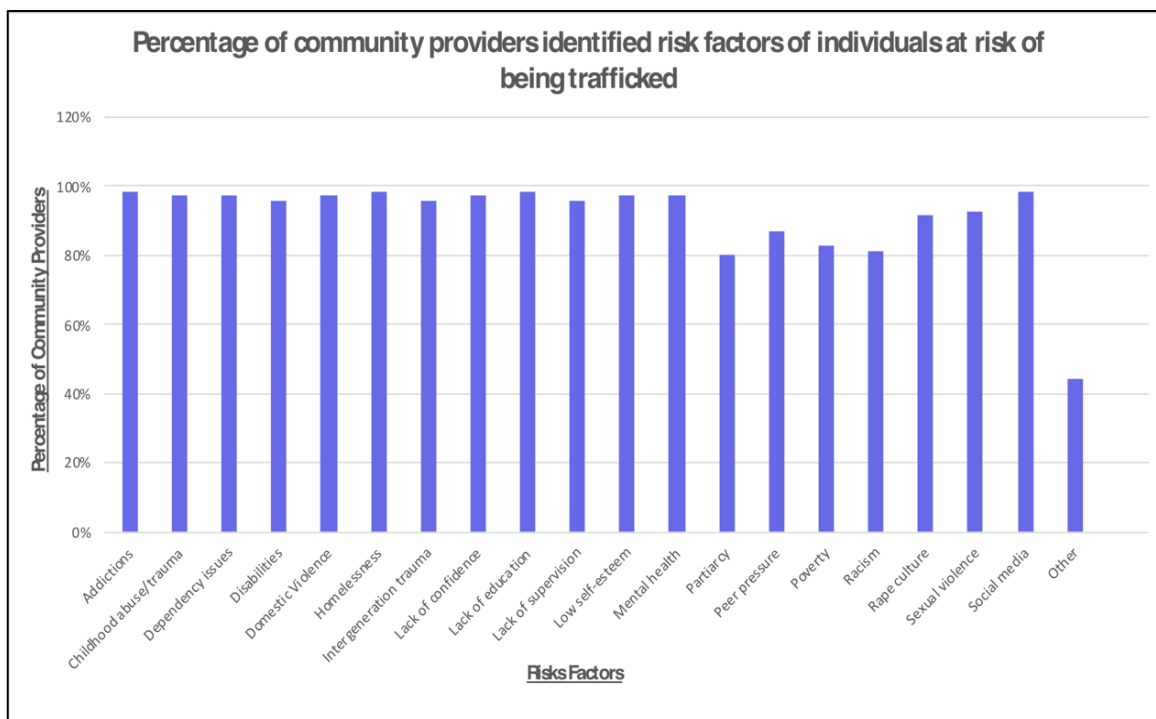


Figure 1.5

Many societal issues put children and youth at risk of being exploited or trafficked. Multiple vulnerabilities can be difficult to categorize and it is not always possible to pinpoint the specific vulnerability that led to a youth being trafficked. Traffickers may use physical force and coercion or power and deception at the same time as they exploit a victim's vulnerabilities, to gain control and compliance (United Nations Office on Drugs and Crime, 2018, p. 13). Vulnerable individuals are often targeted by predators as potential candidates to be lured into HT. There are no indicators that can definitively identify and confirm that this individual is at risk of HT because the list is so broad. As confirmed in this research, any number of factors could put an individual at risk, and the CSP are best able to assess their clients for risk factors once they have developed a trusting relationship with them. Potentially a further in-depth assessment with the client could be conducted using the Family Services of Peel Trauma Screening Training (Appendix 8) to determine the risk factors of clients being lured into HT.

LURING STRATEGIES BY TRAFFICKERS

CSP in Sarnia-Lambton believe traffickers persuasively recruit young people and women using a variety of strategies such as:

- Recruitment at social gatherings that could include sporting events, concerts, parties, bars, family groups and through friends.
- Recruitment through social media that could include 54,000 (with daily changes) different social media sites specifically offering sexual activities, looking for online friendship and offering an online career.
- Recruitment through criminal activities that could include drug dealing, identity theft, fraudulent activities.
- Recruitment through the use of control that could include isolation from family and friends, not being allowed out publicly without the trafficker in their presence, lying, manipulating, all forms of abuse, threats of violence to the victim and their family or pets, shaming, not being allowed to make decisions, controlling the use of victim's ID, money and their phone, debts and blackmail.

Other research studies support these findings of the trafficker's ability to control and dominate their victims. Psychological manipulation is used to increase victims' dependence on their traffickers while disempowering them so they become compliant with instructions. Young women and girls are isolated and disempowered by traffickers moving them around and keeping them in unknown locations away from their support system, denying access to basic needs such as food and clothing while under threats of physical and/or sexual violence (Barrett, 2013, p. 23).

CSP also believe that traffickers are manipulative and trick young people and women. They lure them into providing sex in return for ‘something.’ That ‘something’ might include ‘offers’ such as:

- Offers of gifts that could include: money, drugs, alcohol, accessories, electronics, tuition, nail care, hair styling and jewelry.
- Offers of love that could include: the promise of a relationship, compliments, status, interests and affection.
- Offers of basic needs that could include: transportation, a place to sleep, security, food and clothing.

SUPPORT SERVICES PROVIDED

All of the Sarnia-Lambton CSP interviewed provided some type of support service to survivors of HT. The most frequently identified types of support services offered in the community are networking (97%), advocacy (84%), safety planning (80%) and resources (79%). A majority of the CSP (70%) also have indicated that they would provide crisis work, basic needs, education and referrals to police for survivors if requested.

The interview questions included an ‘other’ services category, which allowed the CSP to identify the unique services they offered to better meet the needs of survivors in Sarnia-Lambton. The information gathered in the ‘other’ category was extensive; therefore, these services were put into five (5) categories:

- 1) Crisis work: safety, detox, housing/shelter, food, clothing, phone, Wi-Fi, emergency health and dental care, transportation (taxi chips or bus tickets), child care, financial help, education on legal rights, peer support, harm reduction support, condoms, advocacy work to navigate referrals and guidance with police

- 2) Life skills: academic and vocational support, education, cooking classes, anxiety support, anger management, friendship and peer support, coaching and mentoring, relationship building, self-esteem sessions, group work, safety planning, open door programming, accompanying survivors to appointments, scheduling meetings for youth, housing and addiction referrals
- 3) Counselling: anxiety and depression support, trauma work and debriefing, eye movement desensitization and reprocessing (EMDR) counselling, cognitive behavioural therapy (CBT) counselling, referrals to psychiatrists and psychologists, individual counselling, family counselling, group counselling, addictions counselling, youth assessments, trauma assessments, psycho-educational assessments, coordinating and navigating support for survivors and building trust
- 4) Refugee and Immigrant Support: cultural sensitivity, translators, legal rights and education on Canadian laws and customs, Neighborhood Day introduction to community services, inclusion and welcoming sessions, community outreach, friendship and peer support, open door programming and safety
- 5) Indigenous support: guidance from Elders, cultural sensitivity, cultural-based counselling and healing, and building trust

It was evident to the research team that the Sarnia-Lambton CSP are dedicated, flexible, adaptable and creative in their work to support HT survivors and those in need.

GAPS IN SERVICES

Identifying gaps in services is one of the most important areas for communities to explore if they are to be able to meet the needs of their citizens. In this research, CSP identified the gaps in

services they believe were potentially occurring for victims and survivors of HT in Sarnia-Lambton.

CSP identified gaps in crucial services for survivors in Sarnia-Lambton, such as financial support (37%), housing (34%) and addictions counselling (31%). The same gaps have been identified by other qualified professionals in Canada who have worked for years with victims and survivors of HT. In the book, *Out of the Shadows* by Timea Nagy, she prioritizes the need for safe housing for survivors (Nagy & Moroney, 2019, p. 8). AnnaLise Trudell, the Manager of Education, Training & Research at ANOVA Women's Centre in London, Ontario, reinforces how communities need to understand the service gaps to be better able to support survivors. During a presentation in Chatham in October 2018, Trudell emphasized the importance of meeting the needs of survivors without penalizing them.

The primary gap in service identified was the need for more public awareness, public education and training for staff working in both the health and social services field. Specific efforts are needed to provide education to youth through the school system.

The CSP believe that more emphasis on education also works as an effective prevention strategy. Timea Nagy, who founded and manages Timea's Cause, an anti-HT program in Toronto, ON, also promotes the need for education and awareness. Timea's Cause offers extensive training workshops, public speaking, special events and manuals to raise awareness on how to combat HT (Timea's Cause, 2014). More awareness and education is required in communities across Canada to better understand the struggle of exposing the problem of HT.

The second-largest gap in service identified was the need for housing. Safe housing needs to be suitable for the needs of a HT survivor. It should include emergency and long-term affordable

housing with addictions counselling and life skills at one location. A model organization called New Day operating in Ottawa, ON provides all of these recommended services. A New Day Youth & Adult Services mission is to offer "a restorative residential program focusing on rebuilding lives by providing a self-directed, trauma-informed, development-oriented programming which builds on individual strengths of each resident" (A New Day, 2019). The program provides survivors with empathetic, consistent support and viable opportunities for positive change based on their needs and interests (A New Day, 2019).

Covenant House in Toronto, ON, The HOPE program in Richmond Hill, ON and RESET Society of Calgary, AB are excellent examples of successful safe transitional housing and healing and life skills programs for HT survivors. Covenant House (2018) is a twenty-four hour, seven days a week crisis shelter which provides transitional housing on-site and, in the community, as well as "comprehensive services such as education, counselling, health care, employment assistance, job training and aftercare." They follow the principles of "immediacy, sanctuary, communication values, structure and choice" to complete their mission of "serving the suffering children and youth on the street and to protect and safeguard all children and youth with absolute respect and unconditional love" (Covenant House, 2018b; 2018c).

The HOPE program (2019) offered through 360kids, provides emergency and transitional housing and wraparound services for female survivors of HT in the York Region. The youth who often reside at HOPE are between the ages of sixteen and twenty-six years old. The program follows trauma-informed principles. It provides services, including peer support mentors, to support survivors while promoting a healthy transition into independent housing through a safe and nurturing environment, counselling, medical attention, and tools for self-esteem building (360kids, 2019; R. Broudie, personal communication, February 2019).

RESET Society of Calgary (2017c) provides crisis work and safe supportive housing to create a stabilized beginning for the victims' process of healing. Survivors can work through the program in a self-guided manner. The program "provides client-driven, long-term, comprehensive, wraparound programming and support for women who have experienced, or who are at-risk of sexual exploitation and/or sex trafficking" (RESET Society of Calgary, 2017a).

A similar model of safe transitional housing and care in Sarnia-Lambton would be welcomed by CSP. Currently, there is a severe affordable housing shortage in Sarnia-Lambton and it is a daily challenge for both health and social service providers to support vulnerable populations faced with homelessness, living in emergency shelters and couch surfing. Survivors may be lured into HT and exploited due to their lack of housing and the need for a place to sleep. Their vulnerability is compounded by the lack of affordable housing.

The third-largest gap in service identified was a lack of counselling services. The majority of therapeutic counselling services available in Sarnia-Lambton are fee-based services. Survivors who have experienced extensive trauma may require long term therapy and support. Support programs specifically offering trauma counselling for HT survivors are needed. Sarnia-Lambton does provide short term crisis counselling that is available through the shelters, distress lines and the crisis centre which is extremely helpful for the first point of contact. However, the need for affordable or free trauma counselling is paramount in a survivor's healing journey. For example, the HOPE program in Richmond Hill, ON follows trauma-informed principles, including peer support mentors. It also provides services to support survivors while promoting a healthy transition into independent housing through a safe and nurturing environment, counselling, medical attention, and tools for self-esteem building (360kids, 2019; R. Broudie, personal communication, February 2019). In Sarnia-Lambton, Victim Services offers crisis counselling as the first point of access for victims in the community and also offers more in-depth counselling

through their Victim Quick Response Program. Counselling is also offered through SASC and Women's Interval home, yet more long-term psychotherapy is limited and costly. Trauma-informed crisis counselling is provided at the first point of contact through Victim Services who will then make referrals to appropriate counselling through the Victim Quick Response Program to the SASC, Women's Interval Home and other agencies.

Additional gaps in services identified in this research included the need for:

- Community knowledge of first point of access for victims and survivors
- Community protocol to help ensure wrap-around services for clients
- Collaboration of services to ensure survivor's needs are met
- Safe places to go if not ready to leave HT, along with safety planning
- Trauma Assessment Screening Training to help identify trauma and red flag HT clients
- Transportation funding for survivors who live in rural communities so they can access urban health and social services
- Life skills, academic upgrading, career assessments, job search skills, return to school initiatives, resume building, and similar supportive programming
- Addiction counselling, detox, rehabilitation and support
- Peer support group counselling

CSP reported they do not always know which clients coming for counselling have been sexually exploited in the past. Having a Trauma Assessment Screening Training that can be used collaboratively by all CSP in Sarnia-Lambton will ensure a greater understanding of the extent of the problem, as clients are more likely to share their experience if the right questions are asked in the context of a trusting relationship with the counsellor. A screening tool used collaboratively by all agencies will ensure consistency across the community. It will also facilitate the linking of

survivors to appropriate services to support them at their time of need. All the survivors interviewed in this research shared a history of diverse past trauma before being recruited into HT. Having a trauma-informed lens as a practitioner ensures a more effective counselling relationship, something that is instrumental to a survivor's healing journey.

THE CONSUMERS OF HUMAN TRAFFICKING

The majority of CSP stated the consumers of HT could be 'anyone;' any age, any race, any ethnicity, any socio-economic background, the risks of labelling groups of consumers could potentially leave a demographic group out. However, it was evident in this research, that the consumers are predominantly males.

The Sarnia-Lambton community consistently faces some challenges unique to this area that could put women, girls and youth more at risk. Several months each year, many industries require seasonal labour, bringing out of town workers to the community for work during construction periods, shutdowns, etc. Workers who are away from home and often live in local hotels. Among this influx of transient workers are consumers who want to be secretive and anonymous creating a demand for commercial sex which can potentially be met by vulnerable at risk youth and women. Sarnia-Lambton is also a border city to Port Huron, Michigan USA, and is a potential destination for American consumers who want to be secretive and anonymous by seeking out vulnerable women and youth across the border in Canada.

The majority of CSP did not believe they could give a typical profile of a consumer, believing that a consumer could ultimately be 'anyone.' These local research findings are consistent with the observation supported by Chatham-Kent OPP Detective Sergeant Kimberly Miller who also identified consumers "as anyone and everyone, consumers can be from any profession" (personal communication, January 2019).

STRATEGIES TO REACH CONSUMERS

CSP identified strategies to reach consumers to prevent the growth of the hidden problem of HT. Part of this research wanted to explore what can be done preventatively to deter the buyers of the sex industry. Ideally, if the demand can be reduced, then eventually the supply will reduce, thus protecting women, girls and youth from exploitation. The cycle of exploitation of women is sustained by consumers who purchase sex and play a crucial role in the fast-growing sex trade industry and sex trafficking (Gregorio, 2015, p. 632). Consumers who purchase sex are also referred to as buyers, johns, clients, or sex consumers (Canadian Women's Foundation, 2014, p. 15). For this report, they will be referred to as consumers.

From criminal law to social deterrents, there are many controversies on what would work best to address the demand side of purchasing sex. Sarnia-Lambton CSP had some creative ideas.

The first strategy was once again public awareness and public education:

- Humanize the industry by putting a face on the victim, indicating that this girl could be your niece, neighbour, babysitter and bringing it home to the consumer, show it in training modules for employees
- Social media awareness campaigns
- Print media awareness campaign including billboards, posters in bathrooms, news ads and commercials
- Talk about it openly, break down the taboos and stereotypes about who is the victim
- Education and awareness for consumers that teaches most victims are not voluntary participants but are coerced, threatened and controlled by a trafficker and forced to participate and help them to understand the victim does not get the money
- Training programs for industry workers and other businesses and employees, have workers, including contract and shutdown workers, complete a potential online module

on HT put on by the Sarnia-Lambton's Industrial Education Cooperative, similar to online module trainings with WHIMIS, Accessibility for Ontarians with Disabilities Act (AODA), and harassment in the workplace, and make completion mandatory before starting employment

The second preventative strategy to address consumers is to enhance the judicial system including:

- Stricter laws
- Increase the number of police investigations— similar to Project Spotlight (proactive operations by police force)
- Initiate collaborative task forces in the community to tackle the problem
- Increase ramifications to consumers for their action
- Threaten to publish the names of consumers who are charged
- Fund and support programs that work with consumers after being convicted in a court of law, such as the 'John Schools'
- Pilot a men's awareness program at Lambton College, similar to ANOVA's 'MAN/MADE' program developed in London, ON designed to "help men realize the consequences of sexual assault by getting them to open up about masculinity, consent and the impact of their actions" (Bulter & Dubinski, 2018). This program has been offered to men at both Fanshawe College and Western University (Bulter & Dubinski, 2018).

Sarnia-Lambton can look to efforts around the world that are exploring how to prevent men from buying sex. Education and awareness are prevalent strategies. From the findings in a Chicago study, researchers Durchslag and Goswami provided insight into the thoughts and decisions of consumers who decided to purchase sex through the sex industry. To deter men from buying

sex, they believe that exposing them to the realities of the sex industry, including why women have entered the sex trade, the extent of violence in the sex trade industry, as well as the harm suffered by those in the sex trade, will impact the demand to buy sex (2008, p. 26). The sex trade industry is glamorized on social media platforms and appears to be profitable for the woman, when in reality it often involves HT as a violent and abusive industry for vulnerable and marginalized populations who rarely see the profits for their work.

Similarly, Canada can also look to the Swedish Model which is a law to prevent consumers from purchasing sex. The law examines the demand for the purchasing of women and children who are exploited sexually and criminalizes the consumers of sex, who are typically men. It is a twofold law to convince the community to abstain from the crime of purchasing sex as well as to establish societal norms in which no one can be sold for sex and that promote the belief that individuals have the right to be protected from being sexually exploited (Claude, 2010, p. 6).

As a community, prevention strategies to combat HT must be a collaborative effort. This research has made every effort to be survivor informed and victim-centred in order to protect vulnerable and marginalized populations in Sarnia-Lambton. It is hoped that a public informed about this complex social issue and aware of the long-term damaging impact of exploiting women, girls and youth, will act as a possible deterrent for purchasing.

STRATEGIES FOR COMBATTING HUMAN TRAFFICKING

CSP in Sarnia-Lambton determined priorities and the need to combat HT in the community. First and foremost, there was a strong belief that public awareness, public education and training needs to be a top priority for this community. HT needs to be talked about more openly with everyone, countering the notions of the glamorized sex trade industry that is promoted on social media sites. The need for education was validated earlier in this study by CSP, when of

the 57% who had not received HT training, 98% of them indicated they would like future training for their staff. HT training needs to be extended to everyone with specific training available for different groups as followed:

- Staff training for police, shelter workers, health care workers, front line social workers and social service workers on the warning signs, at risk populations, safety planning with victims, trauma assessment screening tool and support strategies
- Staff training for hotels, restaurants, bars, cabs, buses and casinos (entire entertainment industry). They need information on the red flags, warning signs and indicators that individuals could be at risk, and information about safety planning
- Public awareness for parents, newcomers and teachers on the warning signs, safety planning, recruitment strategies and at risk populations
- Public education for international students, college and university students and youth on what sexual exploitation is, recruitment strategies, safety planning and red flags about traffickers
- Public awareness for everyone: on what HT is and who is benefiting from it, who is at-risk, warning signs, recruitment strategies and dangers
- Public education for the consumers on the realities of HT and the sex trade industry (remove the glamour)
- Education for parents on restricting social media sites for children and youth
- Education for judges, crown attorney's and better court preparation for survivors
- More public awareness campaigns - signs, billboards, internet images, etc.

The second priority for Sarnia-Lambton was the need for community collaboration, including:

- More public communication about a first point of contact for victims and survivors that is trustworthy and secure

- Stronger networking and communication between agencies during a crisis with a victim
- Access to emergency and safe housing for survivors
- Access to affordable and safe long-term housing for survivors
- The use of an equity lens for services in health care
- A community protocol including a unified safety plan for survivors
- Practical tools for assessment and emergency planning for providers to help survivors
- Step by step approach to best help and support survivors within this community
- The provision of a harm reduction approach to victims
- Non-judgmental, patient and respectful approach in all work
- Ensured access to free long-term trauma informed counselling for survivors
- Advocacy for a more effective judicial system
- More 'knock and talk' visits with Police and Victim Services to reach victims when still in HT—offer an exit strategy with a support system
- Drop in center with peer support groups for survivors (trauma focused support)
- Life skills programming specific to survivor's needs
- More access to sexual health nurses

CONCLUSION

HT is an underreported and invisible crime. Local CSP continue to be concerned that they are working with victims who are currently being exploited or have been exploited by traffickers. 62% of CSP feel unprepared to work effectively with this population and have expressed the desire to learn more about this hidden social problem. The recent announcement by Ontario's government on March 6, 2020, to invest \$307 million into fighting HT in Ontario is believed by CSP to be warranted (Office of the Premier, 2020). The Sarnia-Lambton CSP identified the need to make communities safer for at risk vulnerable populations and this funding will help

meet that goal.

Over the past two (2) years, the research team met with 70 CSP in Sarnia-Lambton with 75% indicating they are working with victims who they believe have been involved in human sex trafficking. Most concerning is that six (6) of the CSP indicated they have each worked with over 50 victims in the past year. Yet, local police data for investigations and charges of HT does not reflect the same high numbers observed by our social and health care providers. In 2018, Sarnia Police Services and OPP combined, charged five (5) individuals with trafficking of persons and in 2019 combined they charged two (2) individuals with trafficking of persons. (A. Taylor and L. Horan, personal communication, June 2020; D. Whelpley, personal communication, May 2020)

These numbers are not unique to the Sarnia-Lambton community and are consistent throughout Canada. This poses a challenge to every community across the country regarding the significant gaps in these numbers. Police acknowledge this is an underreported crime and shared the challenges they face with tracking and prosecuting HT cases. Police report they are only scratching the surface of the problem as victims are often too afraid to report it and testify against their trafficker. Police need more time and energy to be able to dedicate to the surveillance of the problem as it is often disguised but also linked with other criminal charges involving fraud, theft, identity theft, domestic violence, sexual assault, drugs and weapons.

There are over 60 risk factors identified by CSP that could put an individual at risk of HT, which translates into the possibility that anyone can be a potential target. There is no definitive way to identify a potential victim of HT and make the problem transparent. However, CSP did report that they believe vulnerable and marginalized populations are most often targeted by traffickers. Traffickers prey on the vulnerabilities of at risk populations. These populations include youth,

women, those who are homeless and experience poverty, mental health problems, addictions and/or low self-esteem, runaways, 2SLGBTQIA immigrants, refugees and indigenous people. The Sarnia-Lambton community has its own challenges, specific to the geographical context of this area that need to be considered. It resides on the 400 highway series corridor with easy access to hotels and motels right off the highway. It also sits on the Michigan, USA border (anonymity of consumers visiting) and has a large influx of transient contract workers to local industries (anonymity of consumers and influx of money).

Sarnia-Lambton also has some challenges ahead to address the gaps in services that were identified by the CSP in this study. They reported that 37% of survivors need more financial support, 34% need affordable housing and 31% need addictions counselling. They also identified a lack of public awareness, education in our schools, emergency safe housing for survivors, addictions support, life skills and trauma-informed counselling.

CSP provided ideas about strategies for prevention, protection and empowerment of survivors to address these challenges. A community protocol on HT could provide a system of rules that explains the correct conduct and procedures for CSP to follow when working with victims and survivors of HT. This protocol would enhance cooperation and collaboration of services to best meet the needs and support of survivors. The community needs to continue efforts to combat HT through public awareness campaigns, more education and training to CSP, added HT curriculum in the schools, safe housing for survivors, enhanced detox and addictions counselling, life skills support, free and accessible long-term counselling. Enhancing these programs and supports for survivors will lead to greater collaboration amongst local CSP, ensuring effective service delivery.

The Ontario Government's recent announcement to invest \$307 million, which demonstrates a commitment to support efforts to combat the fight against HT, is not only overdue but warranted (Bulter & Dubinski 2018). Hopefully, these additional funds will allow communities across the province to move forward with action plans and enhance services for victims and survivors of HT. It is a difficult issue to detect, investigate and prosecute for the police services. It is also not easy to ensure the safety of women, youth and children when this crime is so hidden and complex. However, Sarnia-Lambton has demonstrated through this study that the CSP are eager to learn more about the problem of HT. They are also committed to working towards prevention strategies to deter recruitment and exploitation of at risk and marginalized populations into HT, and they want to provide support and help to survivors. The CSP are motivated to make Sarnia-Lambton a safer community for everyone.

Survivors of Human Trafficking

Lived Experience Insight of Exploitation to Explore Prevention Strategies and Support Services to Combat Human Trafficking



INTRODUCTION

HT has been dubbed 'modern-day slavery,' because of the way women, youth, 2SLGBTQQIA, vulnerable and disadvantaged populations, are treated, when they have their choices taken from them, are forced into the sex trade by traffickers and exploited. Human traffickers often use control and manipulation over their victims for their own profit. Anyone can be at risk of HT, it does not discriminate based on age, gender, sexual orientation, religion or race. Anyone can be a victim who is recruited and exploited in HT.

This research project interviewed 12 survivors who currently reside in Sarnia-Lambton and were sexually exploited by traffickers at one point in their life. A survivor is an individual who at one point was a victim of HT. They may not have known they were victims until they escaped or exited it, and are now in a safe place, taking steps to move forward and rebuild their life. The research goal was to learn more about the survivors through their stories. The research provided survivors with the opportunity to have their voices heard and to offer opinions regarding services and protections available to survivors. They also spoke to areas that are lacking and need improvement. The research explored with each survivor the various stages when they were being exploited. It looked at the age when they were recruited, how they were lured into HT, how they met their trafficker, how they were groomed by the trafficker and how they were exploited. The second part of the interview examined how each survivor escaped/exited HT, the services that helped them after they got out, the services that are currently helping them and also inquired about their ideas for prevention, protection and empowerment.

The research team was sensitive to the survivors who bravely shared their stories, ensuring they felt safe and supported. Engaging survivors in conversations gave them a sense of empowerment. Their voices will help the community strategize effective anti-trafficking efforts.

RESEARCH DESIGN

The data for the survivor analysis is based on twelve interviews with survivors of HT, all over the age of 18 years and all of whom identified as female. They also all currently reside in Sarnia-Lambton. The survivors who voluntarily participated, were invited and referred to the research team by their counsellor. The referrals came from a variety of social services and health care organizations including: SASC, Ontario Works Circles Program, North Lambton Health Centre, Victim Witness Assistance Program and the Inn of the Good Shepherd. Two (2) of the survivors identified as Indigenous, ten were non-Indigenous and there were no referrals from the francophone community. Survivors were interviewed to provide insight from their personal experiences when they were trafficked. They were also asked to share information regarding gaps in community services, beneficial prevention strategies for vulnerable populations and how the Sarnia-Lambton community can better empower and support victims and survivors of HT (Appendix 3—Interview Questions for Survivors and Appendix 4—Interview Questions for Indigenous Survivors). The PI met with all referring counsellors and reviewed with them the process of the structured interview and provided a brief training session on the use of the Pre-Assessment Screening Tool (Appendix 5) to determine the client's readiness for participating in this research.

All survivors were provided with an overview of the purpose of the research as well as how the research would be conducted, collected and distributed. Each survivor signed a consent form (Appendix 9) before participation and received a code number protecting their identity. Each survivor had their counsellor (of choice) accompany them to the interview to provide support and ensure their emotional safety in case they were triggered by any questions in the interview. Survivors were also permitted to opt-out of answering any question, could withdraw from the interview at any time and were advised that their personal information would be deleted from the

study.

None of the survivors interviewed withdrew from this study. After the interview, a voluntary mindfulness exercise was offered by the PI to the survivor if they chose to participate to help ground and bring them to an emotionally safe place. The survivor was given a \$25 gift card of their choice to thank them for their time, insight and energy. The counsellor also provided a counselling session as a follow up with the survivor to ensure their continued emotional safety and to provide support if needed.

All survivor interviews were led and conducted by the PI. The Researcher on the team also attended all interviews and operated the Olympus digital voice recorder, microphone and team's laptop during the interview to capture all details. The interview responses were later transcribed using the computer program, "*Dragon*," and double-checked for accuracy by both the Researcher and PI. Once the transcription had been checked for accuracy, the audio records on both the laptop and digital voice recorder were deleted/erased permanently. The Word document of the transcription once checked for accuracy and transferred onto the research team's encrypted hard drive was then deleted from the laptop itself.

The research team collected the information using the qualitative approach from interviews with CSP. By reviewing qualitative interview data, researchers were able to make sense of the data, and organize it into categories or themes which can be applied across all data sources (Creswell, 2014, p. 186). For the data collected, researchers identified repetitive patterns of action and values, and assigned key terms (i.e., codes) to them. Since coding was a highly interactive process, the team started with hard copy printouts completed at interviews and utilized visual methods of colour coding to help identify significant words, quotes, and passages from narratives that were worthy of attention. In an iterative fashion, the team looked specifically

at similarities, differences, frequencies, and sequencing of identified key terms and themes in the data and refined the coding by laying out and comparing transcriptions to consolidate meaning which helped develop the qualitative codebook. Researchers were able to make inferences, connections, patterns, relationships, interpretation and build the theory from the data collected (Creswell, 2014, p. 198). Using the first four (4) interviews as a base the team was able to determine the key themes and concepts that evolved from the survivor's stories. The team also added more key terms, including some unusual ones, as they emerged throughout the coding iterations.

The interview transcripts were used to identify repetitive patterns of action, emotions, and values, and assign key terms (i.e., codes) to them. Since coding was a highly interactive process, the team started with hard copy printouts and utilized visual methods, such as circling, highlighting, and tagging with post-it notes, to help identify significant words, quotes, and passages from narratives that were worthy of attention.

All transcripts and qualitative data were then entered into the computer program MAXQDA for coding and analysis. Thematic analysis is an outcome of coding, categorization and analytic reflection (Creswell, 2014, p.196). This software program helped the team to collect and display key words and phrases, and retrieved, filtered, grouped, linked, and compared the data. The team was then able to make inferences, connections, patterns, relationships, interpretation and build the theory from the data collected (Creswell, 2014, p. 198). The team examined the descriptions and interconnected themes that evolved from the coding process and developed a narrative passage for the analysis. These findings are presented in this report using tables, pie graphs and bar charts along with descriptive information and insightful quotes from participants.

All of the survivors welcomed the opportunity to share words and quotes of wisdom that they wanted to pass on to others. Two (2) of the survivors have written meaningful letters to be shared with other victims, survivors and CSP that are included in this report (pages 110 and 111).

The majority of the interviews with survivors took place between 2018-2019. The CSP and counsellors were very supportive in the research, preparing clients emotionally, pre-screening to assess readiness to participate, organizing and coordinating the session (which at times took many attempts), helping to become emotionally stable prior, during and after the interview. The team would like to thank counsellors for all the extra work and compassion for their clients. As a Social Worker, the PI recognized the need to add more emotional safety for survivors during the interviews and conducted a mindfulness exercise after the interview with each survivor to ensure survivors were grounded and in a safe place before leaving the interview. This was a helpful and supportive addition to the research work. The research team believes that further insight about survivor's trauma and more understanding about how they were feeling prior to being exploited would have enriched the overall analysis of the study. This information obtained could have also shed light on trauma counselling needs and prevention strategies to better protect and keep at risk populations safe from being vulnerable and exploited into HT.

The team is truly grateful and appreciative of the motivated survivors who gave their time and bravely shared their stories with this project. The team could not have done this work without the help and cooperation of the survivors, counsellors and CSP.

Unfortunately, due to COVID-19, the in-person research came to a full and unexpected stop. Sadly, the team was not able to interview others and reach the goal that was set in terms of the number of survivors the team hoped to interview. Specifically, those missing from the study are

survivors from the three (3) First Nation communities.

RESEARCH ANALYSIS

AGE AND GENDER OF EXPLOITED VICTIMS

Research has indicated that those trafficked in the sex trade industry are predominantly women and girls. Data collected over 15 years shows that women and girls continue to over-represent victims and survivors of trafficking worldwide. In 2016, 83% of victims trafficked for sexual exploitation globally were women, while boys and men made up approximately 6% of the victims (United Nations Office on Drugs in Crime, 2018, p. 28). Provincially, Covenant House (2020) in Toronto, ON which has a safe home and programming for homeless and trafficked girls, reported 90% of HT victims are female, but it was noted young men are targeted as well.

After introducing the topic to the survivors, the team enquired if they knew what HT was before this interview. 11 of the 12 women stated they did know what HT was. One (1) woman indicated she was still grappling with the concept and how it has impacted her life. She did not feel confident in her understanding of HT even up to the interview, despite years of counselling.

The interview questions asked each survivor their age when they were exploited by HT. In these research findings, ages ranged from 14-44 years at the time of exploitation. Sarnia-Lambton's results closely correlate with provincial data where the early age of exploitation is 14 years. However, the results included survivors who were exploited in their middle years up to age 44. 25% of the survivors interviewed in this study reported being exploited in HT when they were over the age of 30 years. Ontario CSP report the average age of women and girls ranges between the ages of 14-34 years (Barrett, 2013, p. 18).

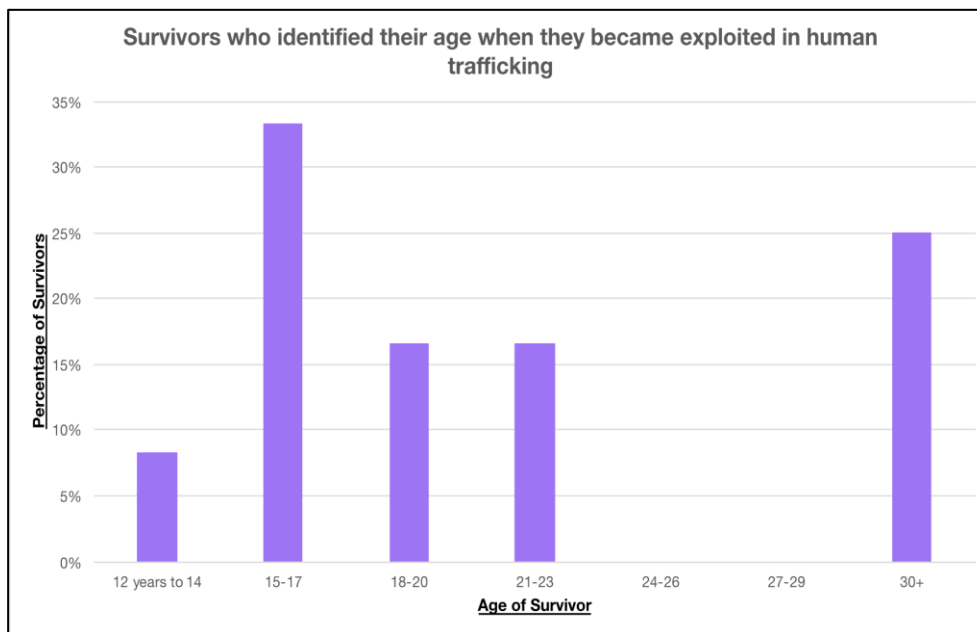


Figure 2.1

Figure 2.1 shows in detail the age range of survivors recruited into HT.

- 8% of those interviewed by the team reported being exploited between the ages of 12-14 years of age
- 33% reported they were between 15-17 years of age. This was the largest age group.
- 17% reported they were between 18-20 years of age
- 17% reported being exploited between the ages of 21-23 years of age.
- 25% reported being exploited when they were over the age of 30 years

Overall, a total of 75% of the survivors interviewed in this research were exploited in HT when they were under the age of 23 years. The average age of the survivor in this study was 22 years of age when they entered HT. Covenant House (2020) in Toronto, ON reports, the average age of a victim as 17 years but they can be as young as 13 and as young as eight (8) for Indigenous girls. This research finding is consistent with what has been determined with other research studies in North America on the age of exploitation into HT. This research has determined that

65% of victims were women over the age of 18, 20% are girls under the age of 18, 13% men over the age of 18 and 2% are boys under the age of 18 (United Nations Office on Drugs and Crime, 2018, p. 45).

RECRUITING, LURING AND GROOMING

MEETING THE TRAFFICKER

The research explored how survivors met their trafficker. This was a difficult question for all survivors as they shared a time in their life when they felt alone, ashamed and vulnerable. The question required the survivor to retrieve a difficult memory. Time was allotted in the interview to assure each survivor of their safety. The option to not answer a question was also provided. All of the survivors chose to answer this question and described meeting their trafficker as being 'tricked and manipulated' when they were lured into HT. Many survivors were familiar with someone who knew the trafficker, who would then introduce and 'connect' them, sometimes in private and other times at social gatherings (specifically parties). Alcohol and drugs were a big part of the introduction to the trafficker, who at times provided them with access to drugs and alcohol. Often this resulted in debts owed. The survivors in this study stated that traffickers sought them out in a variety of locations including malls, parties, parks, bus and train stations, through friends and false job interviews. This process of recruitment and preparation for exploitation is referred to as 'grooming,' there are three (3) stages to grooming: 1) Romancing 2) Coercion and 3) Control (Grant, 2016).

- 1) Romancing: Luring the vulnerable into a 'boyfriend' relationship with the victim; offering gifts, money, drugs, housing, food, clothes and a sense of safety; developing a 'Romeo Relationship,' i.e., offers of love and affection and boyfriend status; gaining information on the victim that later can be used against them; building on trust.
- 2) Coercion and Dependency: Using manipulation to coerce cooperation from the victim; demanding obedience; threatening the victim and those they care for including

pets; depriving the victim of drugs when they are addicted; taking away ID; sending compromising pictures and videos to parents; branding with tattoos; hijacking social media accounts; telling falsehoods; isolating the victim from friends and family; favours and debts.

3) Control and Entrapment: Make the victim pay for debts owed for drugs, housing, food, and transportation; threaten the victim and their family; abusing the victim and making them fearful to leave; attacking the victim's self-esteem and self-confidence; depriving the victim of basic needs; creating an environment where the victim is at fault, to blame, guilty and shameful (Grant, 2016).

Ultimately, the trafficker engages in the 'pimp game' where grooming the victim, leads to controlling their every move. A trafficker's goal of breaking the victim's spirit is achieved so that they will cooperate, submit and obey. The victim loses a sense of self and feels alone, lost and fearful making them vulnerable and dependent and ready to respond to every whim of the trafficker (Grant, 2016).

One (1) survivor courageously shared a personal account of how they met their trafficker through a friend who promised her help with a career in real estate.

"My friend, uh, she kind of lured me out to Vancouver because, um and that's how I met him. Really she lied and said that I was getting a job being like a real estate agent and get my real estate license or whatever and I was going to get sober. And none of that happened. I really thought I was going to get my real estate license. She knew everyone out there, she lied to me to get me out there. She was already an escort and I didn't know that she lied to me. She had a dude that she worked with that was her Pimp and then he wanted someone else to come out and so she got money from him to get me out there. And he paid for my plane ticket so that is how I was bought."

Other survivors shared they were experiencing difficult times and were at a low point in their life when they met their trafficker. Many shared they were experiencing emotional, physical and sexual abuse before being trafficked, either at home or from a partner/boyfriend. “I was vulnerable and living alone,” “I was running away from sexual abuse at home” and “I was taken to the US and put up for auction and then I started working.” Previous studies support these luring strategies as being quite common amongst traffickers. Along with contacting potential victims, traffickers use the internet and social media to lure in victims by creating fake job advertisements. They also use victims to produce pornography that they distribute online (United Nations Office on Drugs and Crime, 2018, p. 38-39).

The survivors in this research were very brave in recalling their time of recruitment into HT. They describe their hopes and desires when they were trafficked; the need for a better life, the need to trust and have a sense of belonging, the need for housing and money. They also described their vulnerabilities at the time of being recruited which included homelessness, addictions, lack of family support, abuse and living in poverty.

Traffickers used the stages of grooming to lure potential victims by creating a trusting relationship through coercion and manipulation. Other luring tactics involve a trafficker creating a romantic relationship with women and girls, making promises about a better life, and often providing gifts to demonstrate affection (Barrett, 2013, p. 23; Public Safety Canada, 2018, p. 7). As the relationship develops, the trafficker will attempt to exploit victims' vulnerabilities and need for approval, attachment, and love (Barrett, 2013, p. 23). Many of the survivors interviewed in this study, did not know they were being trafficked at the time, many felt they were in a 'boyfriend relationship.' Although they reported feeling uncomfortable, fearful, and lost during the time they were trafficked, survivors stated they did not know they were being exploited until they exited or escaped the relationship. The need to make their dreams and hopes a reality

combined with vulnerabilities made the survivors in this study ideal candidates for traffickers to lure them into HT.

RECRUITMENT TACTICS

The majority of survivors who shared their stories with the research team explained that they felt vulnerable when they were recruited into HT. They described how the trafficker was manipulative with their luring strategies and tricked them into their situation. One (1) survivor described it as, "like he kept bugging me all the time like he'd tell me it would help our relationship and it makes him happy and feel good and brings us closer together." The survivors often described themselves as having low self-esteem, living in poverty and looking for a better life before being lured into HT. Previous research studies have indicated that many victims who are lured into trafficking often come from unstable situations making them vulnerable to recruitment. Many factors could put an individual at risk of being targeted by traffickers. In *"An Assessment of Sex Trafficking,"* Barrett (2013) identifies characteristics common among sex trafficking victims including poverty, a history of abuse or neglect, lower level of education, lack of employment opportunities, a desire for a better life, being a migrant, being Indigenous, being homeless, living in foster care, running away from home, substance abuse, mental health concerns, being involved in the criminal justice system or gang association (p. 20-21).

The survivors in this study stated they stayed longer in the trafficking relationship, longer than they wanted because of the guilt and shame they felt. Survivors reported having debts owed to their trafficker, most often for repayment of drugs due to addiction issues. One (1) survivor shared her experience of recruitment,

"They had an ad up on a website and I think it was called Leo's list. I didn't know they had my phone and they took pictures of me as a photoshoot. They were pampering me

and telling me we're going to have fun. That wasn't a photoshoot, they just took the pictures of me so they could put them up on the website."

Another survivor also shared her first experience,

"I went out for a regular night out with my friend and we ended up getting confronted by some guys in suits saying they wanted to talk to my friend about modelling but it was actually about tattoo modelling. And she was all for it, so we ended up going and when we got there it was a room full of women, they brought us too."

Many survivors experience 'trauma bonding,' or 'betrayal bonding' in their relationship with their traffickers. This type of bond in a relationship is due to an intense, emotional experience, usually with a toxic person. Many trauma specialists who work with abused women and girls' reference this as the Stockholm Syndrome, which holds an individual emotionally captive to a manipulator who keeps them 'hostage,' whether through physical or emotional abuse (Gaba, 2019). One of the survivors in the group interviewed stated that the relationship she had with her trafficker was a 'trauma bond.' She stated she believed she was in love with the trafficker at the time and felt she didn't know what was happening to her. This relationship often occurs when a victim does not see herself as a victim and defends the trafficker, despite the abuse she may be experiencing. Trauma bonds are rampant in unhealthy, abusive or otherwise toxic relationships.

The survivors interviewed in this research used the words 'tricked/manipulated' when describing their traffickers and how they were exploited. The majority stated they were sexually abused and others also experienced physical and emotional threats and abuse. They used the term 'sold to consumers' by their traffickers when they shared how they were exploited. One survivor stated, "I worked in different brothels throughout Canada so you don't get to hold your own money either." Survivors were often given gifts and/or drugs in exchange for their 'tricks to

consumers,' however, that did not usually end their debts owed. Being paid by the trafficker (some not paid at all) always came at a reduced percentage and with conditions. 50% of the survivors also stated they felt 'controlled,' 'threatened' and 'fearful' of their traffickers. This type of survival strategy can also occur in a relationship. It is called trauma bonding, and it can occur when a person is in a relationship with a narcissist (Gaba, 2019).

WHERE TRAFFICKERS RECRUIT FROM

100% of the survivors interviewed in this research stated they believe women and girls are at risk of being trafficked in their home community. Globally, research has identified that girls and women are at the greatest risk of sexual HT in their home community (United Nations Office on Drugs in Crime, 2018 p. 28).

Historically, most Canadians have seen HT as solely an International problem, believing the myth that girls are smuggled overseas to far off locations and that HT is not a domestic issue. However, the majority of women and girls trafficked are from Canada. In 2016, the RCMP documented 330 cases of HT, of which 311 or 94% were domestic victims (Gaba, 2016). The United Nations Office on Drugs and Crime (2018) recognized most victims of trafficking are identified in their country of citizenship, noting the number of domestic trafficking victims has increased over the past fifteen years (p. 9). Federal research has identified that traffickers come from diverse backgrounds, including "men and women, intimate partners, strangers, criminal organizations, business owners, peers, family members, community stakeholders, farmers, or factory operators" (Public Safety Canada, 2018, p. 7). The United Nations Office on Drugs and Crime (2018) has completed qualitative studies that have shown women traffickers are active participants in the recruitment stages of trafficking (p. 35). The Canadian Women's Foundation identified commonalities of traffickers, saying, traffickers are "mostly young men between the ages of nineteen and thirty-two years of age, Canadian citizens, having an interest in making

money, and may have past trauma and/or abuse themselves" (Canadian Women's Foundation. 2014, p. 36).

This local research specifically asked survivors to identify who they believe were recruiting others into HT and where were they were doing it from. Survivors identified three (3) categories of recruiters. The findings were as followed:

- 83% stated recruiters were Non-Indigenous from their home community
- 42% stated recruiters were Indigenous from their home community
- 59% stated recruiters were individuals from outside of their home community

The two (2) survivors who identified as Indigenous were also asked if those being trafficked were being recruited from outside their home community. One (1) Indigenous survivor stated the recruiters were from within their home community and the other Indigenous survivor stated the recruiters were from outside their home community.

Furthermore, the federal government has determined that key urban centres in Canada have been focal points for HT. According to the Honourable Ralph Goodale (2018), the past Minister of Public Safety, two-thirds of HT offences have been reported in Ontario, and almost half of these reported incidences occurred in large urban centres such as Toronto (25%) and Ottawa (11%).

A recent court case in Brampton, ON involved a young male drug dealer who recruited two (2) female teenagers from small towns in Ontario and then forced them to work as escorts in Toronto (Powell, 2020).

Geographically, Sarnia-Lambton is located directly off Highway 402 with numerous access points and a string of affordable motels and hotels along the city's perimeter. Both the OPP detachment and Sarnia Police Service have referenced the 400 series highways as the HT corridor (D. Whelpley, personal communication, May 2020; J. Harding, personal communication, May 2020). It is easy for traffickers to move their victims east to west across the province using the 400 series highways transferring them from city to city.

Sarnia-Lambton, being a much smaller urban centre, also faces the challenge of being a border city, providing a greater level of anonymity for both consumers and traffickers. Unfortunately, the team was not able to interview staff from the Canadian Border Services which may have shed light on HT in terms of it being a cross border issue.

LOCATIONS SURVIVORS WERE TRAFFICKED FROM

In this research, 75% of survivors interviewed stated they were trafficked outside their home community while 25% stated they were trafficked within their home community. 17% stated they were trafficked in both inside and outside their home community.

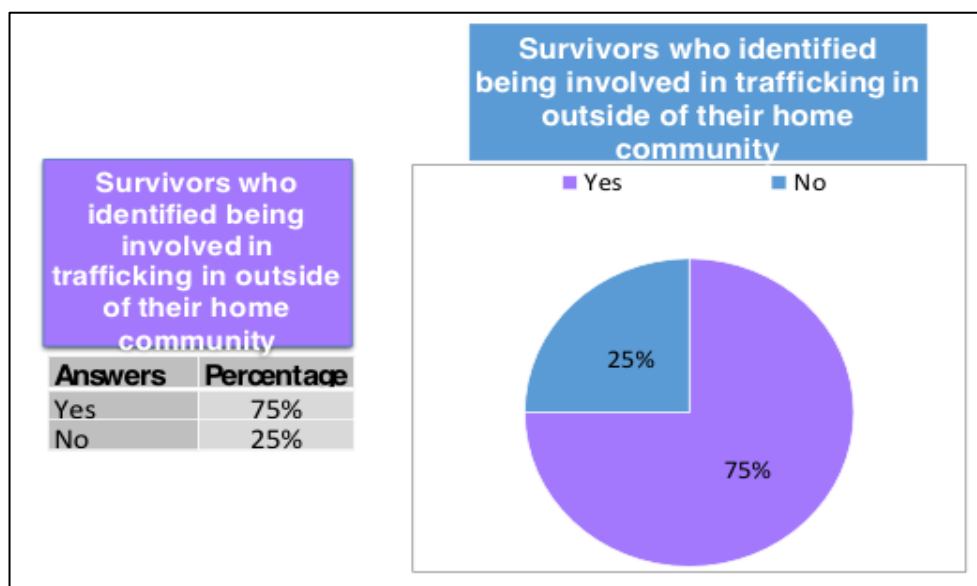


Figure 2.2

Traffickers are very skilled at keeping their victims isolated from their network of friends and family which adds to their vulnerability and increased dependency on the trafficker.

Psychological manipulation is used to increase victims' dependence on their traffickers while disempowering them to become compliant with instructions (Barrett, 2013, p. 23). The young women and girls are isolated and disempowered by traffickers who move them around keeping them in unknown locations away from their support system. Traffickers deny access to basic needs such as food and clothing to victims while under threats of physical and/or sexual violence (Barrett, 2013, p. 23). This research validates that most survivors were taken from their home community, isolated from friends and family so they could not reach out for help or receive support. One (1) survivor shared her troubles about her relationship with her parents with the trafficker. He used this information against her in an emotionally abusive manner. She quoted threats from her trafficker stating,

“you know your parents aren’t looking for you and it’s easy for you. So, like we can go for a car ride and you could not come back and you know your parents wouldn’t care, they’re not looking for you so you are just a little white girl who could go missing and it doesn’t matter.”

Painful messaging from the trafficker resulted in a sense of powerlessness, low self-esteem, lack of confidence and increased vulnerability for the survivor. This traps the survivor who becomes dependent in the web of HT.

LENGTH OF TIME SURVIVORS TRAFFICKED

Survivors were asked to share the length of time they were exploited in HT. This ranged from 1-2 months to 16 years. Four (4) of the survivors reported being trafficked between 1-2 months and three (3) reported being trafficked 1-2 years. The remaining survivors identified a wide

range of time periods for being trafficked including three (3) survivors who stated they were trafficked for over 10 years. The median time-period for survivors being exploited in this study was between 6 and 12 months. Due to the small sample size of this research, the mean (average) would not be a true measurement tool to demonstrate what was observed in this study. What we do know is that globally, “on average a victim is trafficked for approximately two (2) years” (Migration Data Portal: The Bigger Picture, 2019).

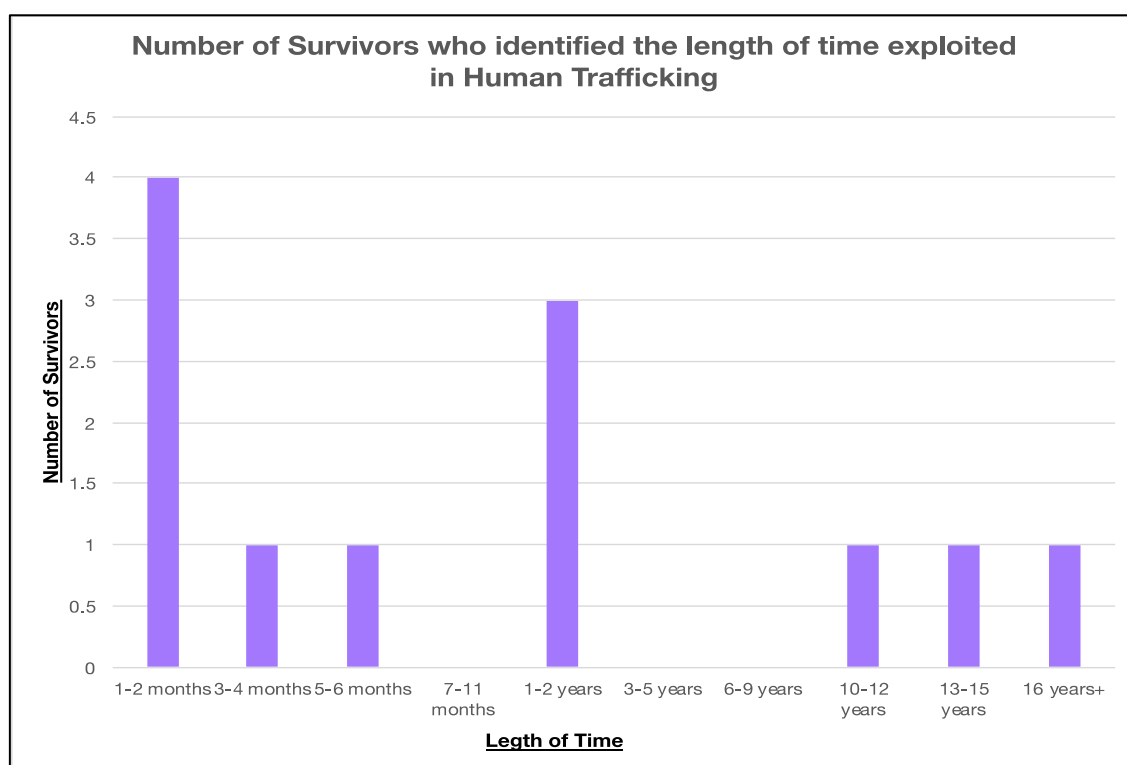


Figure 2.3

SURVIVORS KNOWLEDGE OF BEING EXPLOITED

As mentioned earlier, traffickers often target vulnerable and marginalized populations, particularly high-risk youth. The Ministry of Public Safety (2018) stated traffickers will "target disadvantaged and vulnerable populations including children, adolescent girls, women, Indigenous girls and women, youth in care, runaways and homeless youth, persons with disabilities, refugees and migrant workers, and LGBTQ2 persons" (p. 6). Once the trafficker has

lured the individual into a relationship, the trafficker continues the process of building trust between them, referred to as ‘grooming,’ and ultimately exploits this vulnerable individual. Traffickers use stages of grooming to lure in potential victims by creating a trusting relationship through coercion and manipulation. Luring tactics often involve a trafficker creating a romantic relationship with victims, making promises about a better life, and often providing gifts to demonstrate affection (Barrett, 2013, p. 23; Public Safety Canada, 2018, p. 7). 66% of the survivors interviewed in this study indicated they had no knowledge they were being exploited at the time. They reported a variety of reasons for going along with it, such as for drugs, job opportunities, they thought they were in a relationship with the trafficker, doing favours for the trafficker, for housing, for food, for transportation, or for gifts. Individuals who have previously experienced abuse and/or neglect may also be more vulnerable to traffickers whose tactics include a romantic relationship. The trafficker attempts to identify a need which is not being met elsewhere in their life (Barrett, 2013, p. 23). Traffickers are known for targeting a person’s vulnerabilities to gain trust and form a bond with them.

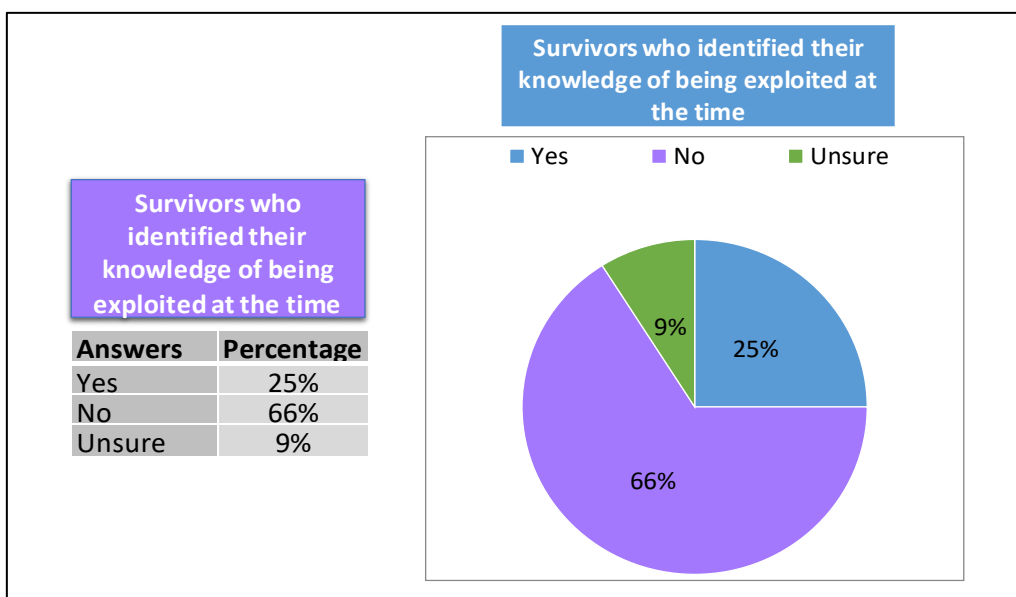


Figure 2.4

However, 25% of survivors interviewed reported they knew what they were doing at the time. They stayed as they were afraid to leave due to their lack of power and control in their lives and they felt trapped because of need or fear. The survivors interviewed were aware of the power and control dynamics they were experiencing however, traffickers sexually abused, physically threatened and emotionally controlled them during the time they were exploited. Survivors felt trapped, powerless, fearful and that they had nowhere to go with no alternative but to stay. Not having family support contributed to some survivors' feelings of having nowhere to go. One (1) survivor also stated, "I was young, I thought I was having fun. I thought I was getting all things I wanted at an easy place." Often survivors reported their need for drugs as their incentive to stay with the traffickers. 9% of survivors interviewed indicated they were unsure if they were being exploited at the time.

VICTIM'S ROLE IN RECRUITING OTHERS INTO HUMAN TRAFFICKING

The United Nations Office on Drugs and Crime (2018) identified qualitative studies that have shown women traffickers as active participants in the recruitment stages of trafficking (p. 35). Sarnia-Lambton's research explored with the survivors if their role had been expanded to include the recruitment of others. 25% of survivors interviewed indicated they had been involved in recruitment strategies. These survivors indicated they had mostly recruited non-Indigenous individuals and had only recruited women and girls.

Traffickers prey on an individual's vulnerabilities, and attempt to maintain control of victims by using force, assault, threats of violence and abuse of their power (Public Safety Canada, 2018, p. 2). One (1) survivor shared how she lured others, "you just talk to girls and you know try to get them to come to your man, you know, promising them safety and protection." The local findings are consistent with global findings that women do often play a role in recruiting others and are often referred to as the 'bottom bitch' in the HT 'game.'

Globally, of those who were investigated for trafficking in 2016, 69% were men and 31% were women. 62% of those convicted of trafficking were identified as men and 38% as women (United Nations Office on Drugs and Crime, 2018, p. 35). Traffickers will often force victims into luring others into HT. The majority of female defendants in HT cases are also victims of HT themselves (Fiouzi, 2019).

SURVIVORS' RESPONSIBLE FOR LOOKING AFTER OTHERS IN HUMAN TRAFFICKING

Survivors may recruit others into HT but more commonly they are forced or required to look after others involved in the 'game.' The subculture name for this role is the 'bottom bitch.' In this local research, it was determined that 58% of the survivor group stated they had this added responsibility, enforced through coercion, threats and manipulation from the trafficker. Survivors reported to the research team that when they were involved in HT, they believed they had no choice but to stay as their lives or those they loved were threatened constantly. Many survivors described their responsibilities of looking after 'the girls' as part of their job. They were responsible for hosting them in the same housing unit, driving them to tricks and appointments, getting the hotel room, shopping, hanging out, creating fraudulent identification, supervising and controlling them (keeping them out of trouble), keeping them in line, making sure they followed the rules of the game, calling and checking in and telling them what to do. One survivor was quoted as saying, "I was keeping tabs on them, making sure that they just go do the trick and come back. Um and defending the territory, so if you have the corner with one or two other girls it's yours and everyone else has to go."

According to the Urban Institute in the US, "nearly one in three traffickers delegate the management responsibilities to the 'bottom,' they can perform recruiting, administrative and supervisory duties, such as waking the employees, keeping them on schedule, paying bills, making doctor's appointments, keeping the peace and somethings administrating disciplinary

actions” (Fiouzi, 2019). Furthermore, often within the game, the bottom bitch is the most dangerous job to have in the trafficking business, “if you mess up, you’re not just messing up yourself, you’re messing up operations, you’re messing up the model, you’re messing up all of that” (Fiouzi, 2019). A difficult role to play, dangerous and frightening for the victim, yet, often they are not worried about themselves, but more about the survival of the operation.

DID FAMILY AND FRIENDS KNOW ABOUT A SURVIVOR’S EXPLOITATION

Survivors shared they often felt isolated and alone when they were in the midst of being trafficked. Due to the secretive and hidden nature of the problem, most survivors go underground and are restricted from speaking with family and friends. According to CSP who support victims of trafficking, they believe victims do not reach out due to manipulation by traffickers, threats, shame, fear, language barriers, and mistrust in authorities (Public Safety Canada, 2018, p. 4; Government of Canada, 2016, p. 5). The shame a victim/survivor carries is overwhelming. Often the last person they want to ask for help from is a family member or a friend. They become voiceless due to fear and threats towards them or their families.

Their personal phones were usually confiscated or monitored by their trafficker. Their location was often hidden and the activities took place far from home where friends and family could not be reached for help or support. The research asked whether the survivor’s family and or friends knew they were being exploited at the time. 50% said their family knew about it and 50% said their family knew nothing about their situation. The research team heard each survivor’s very personal story and noted that their relationship with their family at the time of recruitment was strongly correlated with whether their family knew they were being exploited in HT. Poverty was also a contributing factor for the victims at the time of recruitment. Survivors reported they were looking for a way out, a better life, a job, a place to live, or easy access to drugs when they were

lured into trafficking. Limited life skills and lack of knowledge about sexual exploitation and HT put the women interviewed in this study at greater risk and more vulnerable to be lured and recruited into HT.

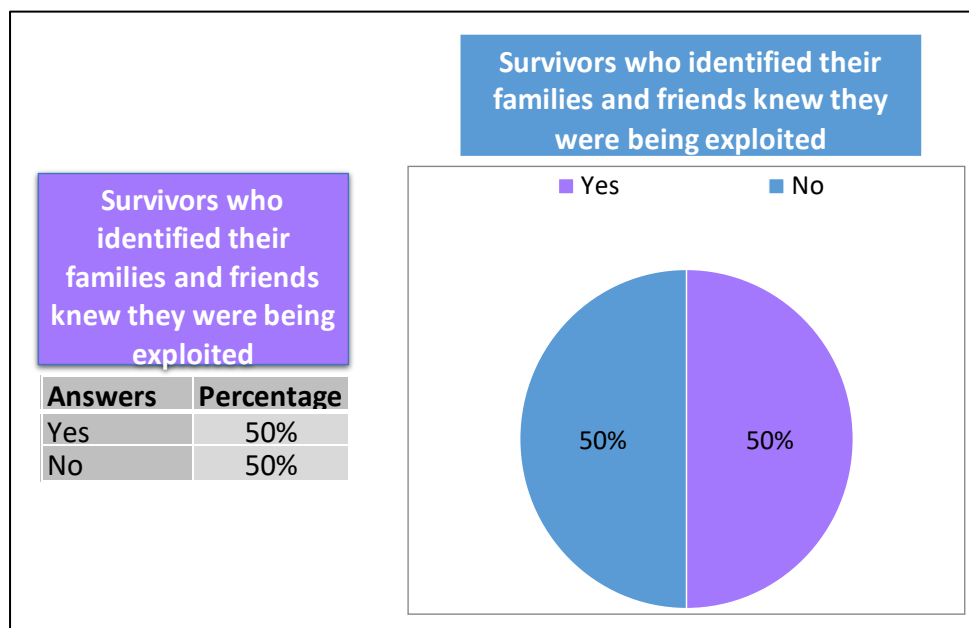


Figure 2.5

For some of the survivors in the research, a lack of family support and/or running from home/leaving home at the time of recruitment made them less likely to let their family/friends know what they had become involved with. For other survivors, they had an addiction problem and could not afford the drugs and were lured into sex trafficking to pay off a debt or to get access to drugs in return for sex. The survivors stated they could not see the path they were following and shared that they were in it before they realized. At that point, they could not find a way out. Combined guilt and shame overwhelmed victims and made them feel powerless with a lack of control of their lives. Lack of communication with family members and friends often resulted in a sense of isolation and strong feelings of entrapment.

ESCAPING HUMAN TRAFFICKING AND ACCESSING SERVICES

SURVIVORS LEAVING HUMAN TRAFFICKING

83% of the survivors interviewed in this research stated they tried to leave their trafficking situation. Only 17% stated they did not try to leave. One survivor explained her reason for not leaving, “I didn’t know anything. I didn’t have any education. I barely had grade 8. And the people, they become your family right. You form bonds with certain people.” Survivors reported they were controlled and threatened both personally or their families were threatened if they left. They reported their lack of funds, poverty, addiction to drugs, isolation, lack of housing, not knowing where to get help, vulnerability kept them trapped within the trafficking world. They also reported that their traffickers had them convinced they could not trust the police. As the relationship develops further, the trafficker will attempt to exploit victims' vulnerabilities of approval, attachment, and love (Barrett, 2013, p. 23). Psychological manipulation is used to increase victims' dependence on their traffickers while disempowering them to become compliant with instructions (Barrett, 2013, p. 23).

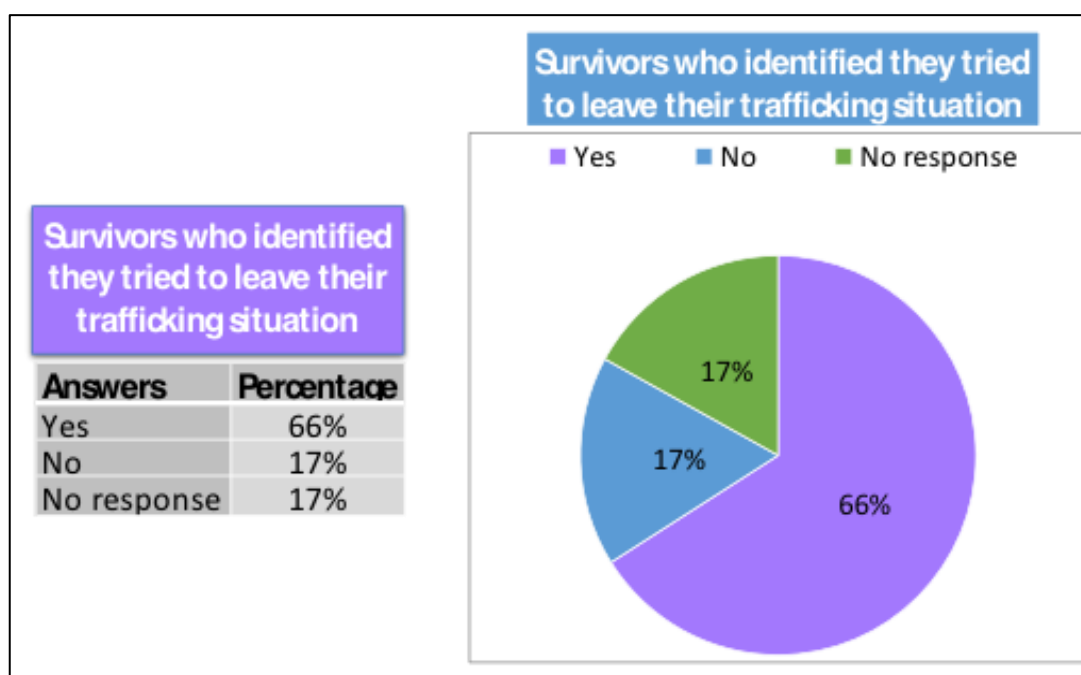


Figure 2.6

Of the 83% of survivors who attempted to leave, all reported that they made numerous attempts to escape their trafficker. Two-thirds of that group tried between 1-4 times to escape and one-third of that group tried over and over again, but could not identify for the research team the actual number. They used terms such as 'lots,' 'several,' and 'every few months' to describe how many times they attempted to escape. Leaving or escaping the trafficking world was one of the most difficult and frightening experiences for the survivor. The profound control and manipulation the trafficker had over the survivor kept them in their place. Survivors shared that they sensed their safety was at risk, they feared being caught and being beaten or killed if found, they were drug dependent on the trafficker. Emotional and verbal abuse, guilt and shame, poverty, lack of housing, not knowing where to reach out for help and lack of family support made leaving or escaping their situation almost unattainable. One (1) survivor stated that an "ineffective justice system" kept her from leaving the situation, knowing that the trafficker was not likely to be found and charged, thus making it unsafe for her to be free. Young women and girls are isolated and disempowered by traffickers moving them around and keeping them in unknown locations away from their support system, denying access to basic needs such as food and clothing while under threats of physical and/or sexual violence (Barrett, 2013, p. 23).

SURVIVORS RETURNED TO THEIR HOME COMMUNITY

83% of survivors stated they returned to their home community after they left/escaped trafficking. Most stated it was where they felt safe or where they had family members.

One (1) survivor stated, "I returned probably because of fear, my home life wasn't great it was safe'ish, better than the streets." Another three survivors felt more grounded returning home, "this is where I grew up, this is where I was born," "my family is here and this is where I am from," and "I had an apartment there." Another two (2) survivors stated they needed to return

home to get their life back, “I neglected my home, my routine, everything. I gave up my life to take on his life basically, my life revolved around his life. It needed to be about me and my kids” and “I went home to get rehab.”

Another survivor sought out drugs but returned home at different points in her life for her daughter. She stated,

“I had a friend, she and I were actually in Toronto when I met her. And she wasn’t in the game or anything but she helped with my daughter when I worked. And you know, I would sometimes leave my daughter with her for months at a time so I could get high and do s**t.”

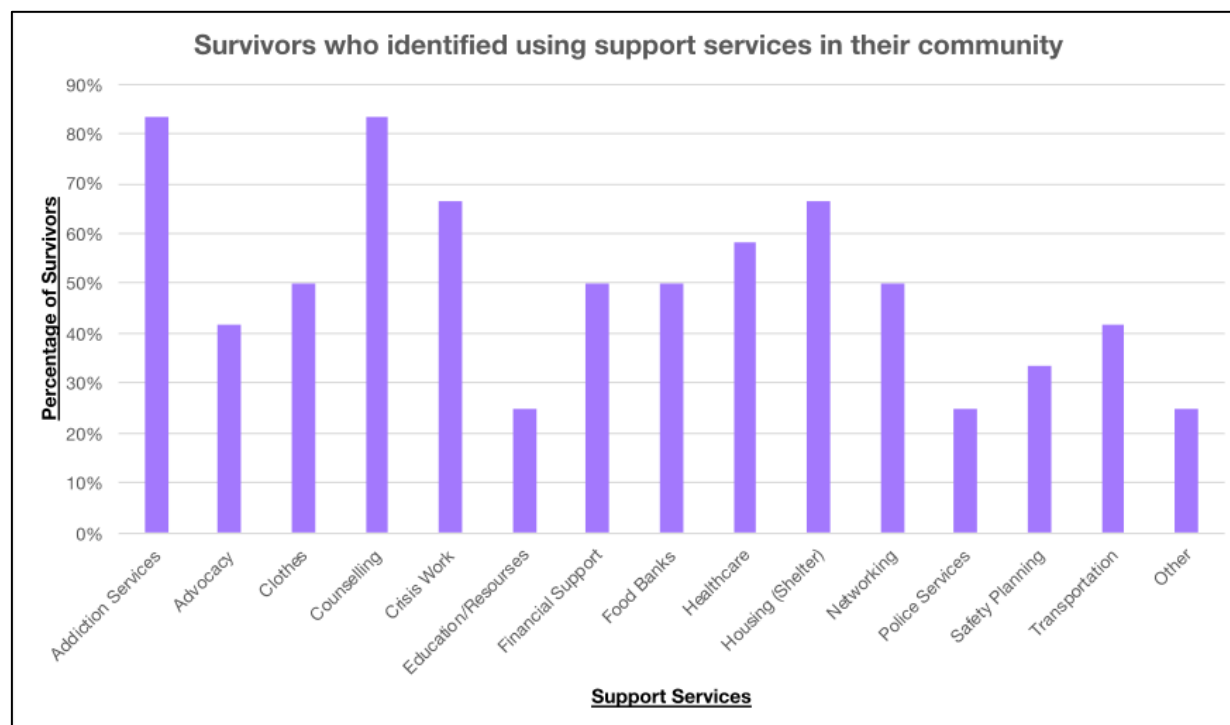
Whatever the reason, a majority of survivors all stated they needed to be safe, and for most of them, that meant returning home.

17% of the survivors reported they did not return to their home community. One survivor stated, “I wanted to be far away to be safe, my safety was at risk.”

SERVICES USED IN SURVIVOR’S HOME COMMUNITY

Sarnia-Lambton has a wide range of social and health care services available to the community. The survivors interviewed for this study identified they used a variety of services in the community. They predominantly used addiction services (83%), counselling services (83%), shelters (67%), health care (58%), crisis counselling (67%), food banks (50%) clothing (50%) and financial support (50%). These services were instrumental in supporting the survivors once they returned to their home community. Having free access to this support helped them in their healing journey. It is interesting to note that survivors sought out basic needs as their priority; food, shelter and clothing were in the top six (6) services utilized. This validates the fact that

most survivors have truly run or escaped from their situation and own little to nothing once they get to a place of safety. The need for emergency safe housing, food and clothing becomes a



priority.

Figure 2.7

The concerning question is where and to whom is the money going from the profitable business of trafficking. It was evident from the interviews that survivors were not keeping the earnings. Along with drugs and weapons, HT has been identified as the second most profitable organized crime in the world (Kaye, Winterdyk & Quarterman, 2014, p. 24).

The majority of survivors also utilized addiction services for drug problems. Two (2) of the survivors were very proud to share with the research team that they had been clean for a year, one was celebrating her anniversary date the week the team interviewed her. Survivors shared how their addiction kept them trapped in trafficking, describing the need to numb the pain to stay alive in their world and then not being able to pay off drug debts to the trafficker.

The community supported these local survivors because they reached out and asked for help which takes tremendous courage. Sadly, many victims and survivors, due to guilt, shame and fear do not ask for help. “A person who has been trafficked may feel too ashamed and guilty to tell the authorities or return to friends and family” (Province of British Columbia, 2014). The Province of British Columbia website on HT explored the complex reasons why victims stay which included; fear, debt bondage, dependency and isolation, shame and guilt and religious belief (2014). There are many survivors who may have escaped trafficking but hold their secret close and may have never told anyone their story due to intense fear.

One (1) survivor wants victims to believe that getting help is worth it,

“Ask for help. Don’t be afraid to ask for help because if you do ask the right person, you will get everything you need. You will get help. You just have to ask for it. You can’t be afraid to ask for help especially when it comes to your life and you’re taking care of yourself is number one and it has to be the first thing like you have to know is how to ask for help.”

Also, survivors expanded on the ‘other’ category of services which included probation services and Alcoholics Anonymous and Narcotics Anonymous meetings as being very helpful in their healing journey.

SERVICES USED OUTSIDE SURVIVOR’S HOME COMMUNITY

Many of the survivors interviewed in this research were taken from or chose to leave their home community of Sarnia-Lambton when they were trafficked. In the interviews with the survivors, they reported using fewer support services in the outside community. Many did not access support services until they were in a safe place, which was usually their home community.

Once again, the basic needs of food, shelter and clothing were identified as priority needs once survivors left their trafficking situation. Housing (shelters) (33%), food banks (33%), counselling (33%) and addiction services (33%) were services most utilized outside their home community. The survivors also reached out for financial support (25%) and clothing (25%) before returning to their home community.

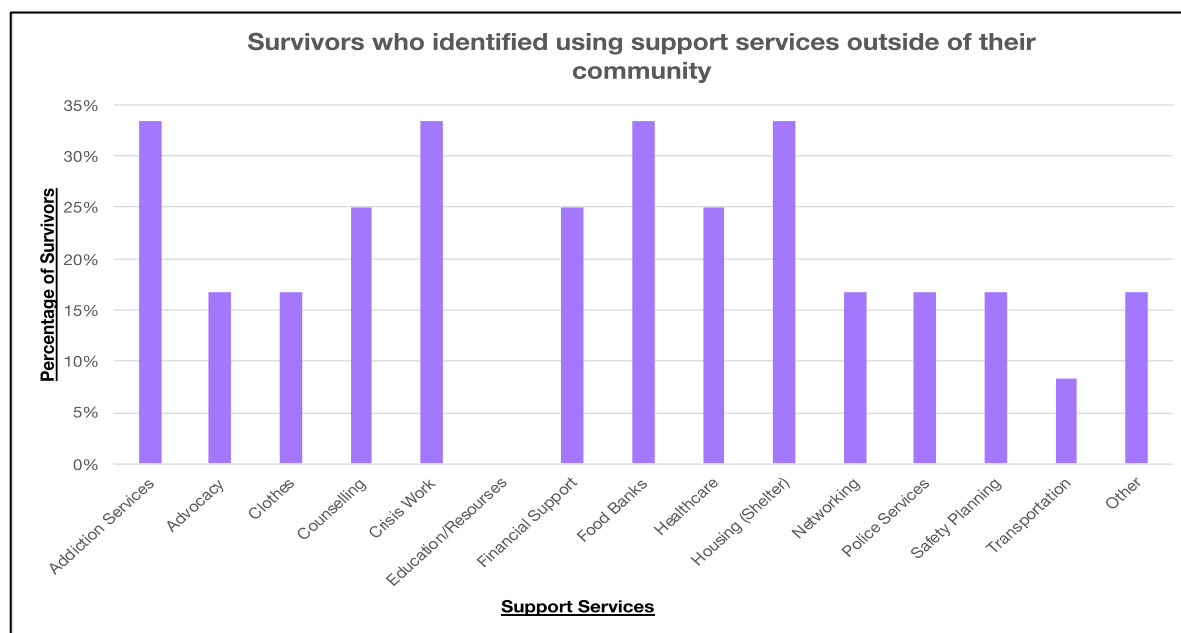


Figure 2.8

When survivors leave their trafficking situation, they could be returning to an unstable environment in their home community. Their need for social and health services is so important in the initial stages. This supports the survivor in being safe but also acts as a deterrent to returning to their trafficking situation. Services like safe housing, food, clothing and counselling become both a support program and a prevention program for survivors.

In the 'other' category, survivors also identified the use of probation services, personal journaling and traditional healing as being very helpful in their healing journey.

SURVIVORS LEARNED ABOUT SERVICES IN THEIR COMMUNITY THROUGH THESE ORGANIZATIONS

Survivors were asked to identify which services in the community directed them to more help and support. Survivors could identify more than one (1) service. Services identified by survivors are categorized and indicate the number of survivors who accessed these services:

Crisis Services	5	Sexual Assault Survivors' Centre, Women's Interval Home, Distress Line, Victim Services
Financial Services	5	Ontario Works, Ontario Disability Support Program Circles
Justice Services	4	Police, Legal Aid, John Howard Society, Victim Witness Assistance Program
Counselling Services	3	Family Counselling Centre, Rapids Parkway Health Team, West Lambton Health Team, Life Seasons, South West Counselling, Private Counselling
Food Banks/Shelters	3	Inn of Good Shepherd, Salvation Army
Indigenous Services	3	
Health Services	2	Bluewater Health, Health Unit, Canadian Mental Health Association, Bluewater Health Crisis Team, Family Doctors
Family/Friends	2	
Social Service Providers	1	Community Service Providers
Other	4	Cab driver, social media, found on own

Navigating the system is challenging for anyone looking for help. The challenges of escaping a dangerous situation and risking their lives to get to a safe place significantly compound the problems of seeking help. It is so important that CSP's advocate and make referrals for services for survivors. This is an essential part of helping them on their healing journey. Survivors identified crisis services (5), financial services (5) and justice services (4) as being the top

services that directed them to other agencies and organizations for additional help and support. They also identified food banks/shelters (3), Indigenous services (3) and health services (2) as being instrumental in networking and advocating for survivors of HT. The research evidence demonstrated that the community needs to continue to learn about HT to better serve survivors. This information needs to be available to everyone. As the 'other' category demonstrates, the research also strongly supports the points that people who are not CSP, such as cab drivers can direct a survivor to help or survivor can find the information they need through social media and access services on their own. Public awareness and education are tools that successfully help survivors get the support they need.

SERVICES THAT WERE IDENTIFIED BY SURVIVORS AS HELPFUL (PAST AND PRESENT)

Crisis Services	14	Sexual Assault Survivors' Centre, Women's Interval Home, Distress Line, Victim Services
Food Banks/Shelters	10	Inn of Good Shepherd, Salvation Army
Health Services	9	Bluewater Health, Health Unit, Canadian Mental Health Association, Bluewater Health Crisis Team, Family Doctors
Counselling Services	7	Family Counselling Centre, Rapids Pkwy Health Team, West Lambton Health Team, Life Seasons, Southwest Counselling, Private Counselling
Financial Services	7	Ontario Works, Ontario Disability Support Program Circles
Justice Services	6	Police, Legal Aid, John Howard Society, Victim Witness Assistance Program
Addiction Services	4	Bluewater Withdrawal, Methadone Clinic, AA, Detox, Rehab Centres
Social Services	3	Community Service Providers
Other	1	City of Sarnia Transit

Sarnia-Lambton has a strong and stable network of services and social services work together collaboratively. The Social Service Network of Sarnia-Lambton represents 27 local organizations who come together on a bi-monthly basis to discuss key social issues and network with each other to ensure gaps in services are identified and support services are available to everyone. Survivors enthusiastically shared information about the dedicated support services that were available to them during and after their time in HT. Survivors were allowed to identify more than one service.

Survivors predominantly used crisis services (14), food banks and shelters (10), health services (9), counselling services (7), financial services (7) and justice services (6) for their immediate and ongoing needs. They also sought out addiction services (4), community service providers (3) and one survivor found the guidance of a Sarnia Transit Bus Driver to be helpful. A community that works together comes together for its citizens. The collaborative networking that exists in Sarnia-Lambton within our social service system is instrumental in assisting survivors get the support they need.

SERVICES THAT WERE IDENTIFIED AS NOT HELPFUL BY SURVIVORS DURING AND AFTER BEING EXPLOITED IN HUMAN TRAFFICKING

The majority of survivors interviewed stated that they did not find Justice Services (8) helpful during and after being exploited in HT. Only two (2) of the 12 survivors interviewed had been involved with the judicial system where their traffickers were investigated. Yet only one was charged with HT and prosecuted. The majority of survivors stated they did not go to the police for help when they were being exploited and also after they got out of HT.

Detective Sargent Taylor from the Anti-Human Trafficking Investigation Team with the OPP shed some light on why victims do not reach out to police when he shared this observation,

“an officer often only has approximately 10 minutes to investigate a call and in that short time they have to develop a trusting relationship with the victim. A victim has to take a huge leap of faith and trust that officer. There is more stacked up against an HT victim not to trust the police” (personal communication, May 2020).

Often the victim has been threatened by the trafficker that they will be harmed or someone they love will be harmed if they go to police. Detective Sargent Taylor stated, “police need reasonable grounds to investigate a call, and rarely do they get a call to investigate HT” (personal communication, May 2020). These cases often come to their attention via other investigations such as; fraud, theft, firearms, domestic violence, drugs, sexual assault and identity theft. Due to the hidden nature of the crime, police need to investigate traffickers through more surveillance, tracking patterns of behavior in order to detect HT and laying charges.

Survivors also identified that some Social Service Providers (5) and some Health Care Services (2) were not helpful. Survivors were allowed to identify more than one service as unhelpful. One survivor stated her family was also not helpful. Survivors were quoted as saying it was “invasive in order to qualify,” there were “limited support for their trauma” and the “process of getting help was overwhelming.” Services categories identified as not helpful were:

Justice Services- 8

Social Service Providers- 5

Health Services- 2

Family- 1

The process for supporting survivors is not optimal and as a community, Efforts can be made to

improve support to victims and survivors of HT. Sarnia-Lambton's CSP's (97%) overwhelmingly stated during their interview with the research team, that they want to learn more about this subject and would welcome the opportunity to have more education, awareness and training. As we learn more about this hidden and complex problem, the resources will ultimately be more knowledgeable and better equipped to serve and protect the community.

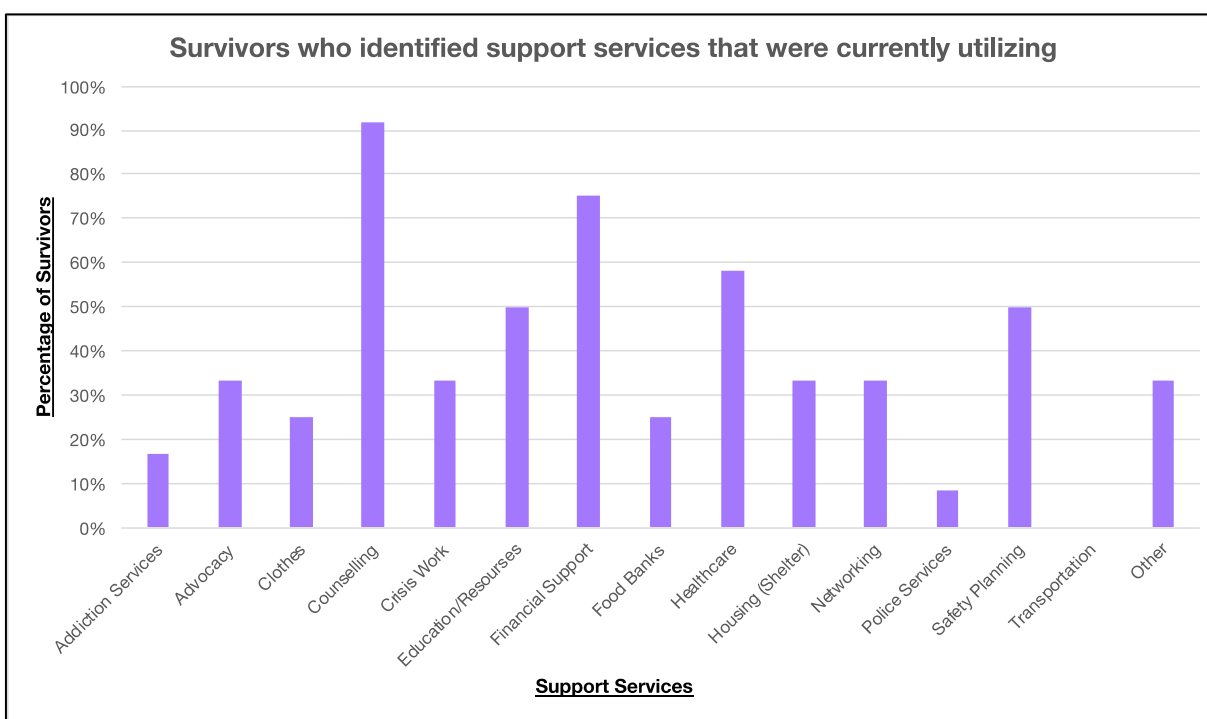
SERVICES SURVIVORS IDENTIFIED AS BENEFICIAL AND SUPPORTIVE

Survivors identified that the most helpful support service was counselling (92%). They received counselling from a variety of agencies in Sarnia-Lambton. Most survivors (75%) also rated food banks and crisis support as beneficial services to them. Other services in Sarnia-Lambton that many survivors (67%) ranked as beneficial included; addiction services, housing (shelter), health care, networking and safety planning. Over half of survivors (58%) ranked clothing, advocacy, education, financial support and transportation as helpful in their healing journey. Both Ontario and Canada must continue to support our social and health care organizations to provide these essential services to our HT survivors. In November 2019, the Ontario Government announced plans to create safer communities by making annual investments to dedicated anti-HT initiatives, earmarking \$20 million annually to provide survivors with supportive and collaborative wraparound services (Government of Ontario, 2019). Premier Doug Ford recently promised additional funds to fight against HT on March 6, 2020. He allocated a total of \$307 million from 2020-2025 (Government of Ontario, 2020). In the 'other' category, survivors also identified peer support, Indigenous naming ceremony and traditional healing as very helpful.

SERVICES SURVIVORS ARE CURRENTLY UTILIZING

All survivors interviewed had been out of HT for a minimum of one (1) year. Some survivors had been out of it longer but all of them were still in counselling. Each survivor had a support person from a local social service agency attend the research interview with them.

Survivors were asked to identify the current services they were using. Counselling was the most often used service (92%). The majority (75%) received financial support from Ontario Works or Ontario Disability Support Program. 25% of the survivors supported by Ontario Works or Ontario Disability Support Program enrolled in college and are now working full time and supporting



themselves in their careers. 58% of survivors stated they are utilizing health care services and 50% continue to work on safety planning with their counsellors.

It was encouraging that all survivors interviewed after one (1) year of returning to their home community no longer predominantly relied on community resources for basic needs such as

food, shelter and clothing as they did after leaving/escaping their trafficking situation. Survivors found stability in their lives once returning to their home community; they were not as crisis focused and dependent for meeting their basic needs. The Sarnia-Lambton community was instrumental in supporting survivors to get the immediate help they required. However, on a note of concern, half of the survivors (50%) still identified the continued need for safety planning. This tells us that survivors may still feel at risk and emotionally or physically threatened by previous traffickers (some who might be in jail). Many trafficked women feel at fault and blamed, and as a result they don't ask for help easily. Testimony of the victim is crucial in our Canadian legal system in order to obtain a conviction of a trafficker. The majority of victims feel dismissed when confronted with our legal system, which fails to protect them. Only two (2) of the 12 women interviewed in this study had sought help from the police and only one (1) of them had the trafficker charged and convicted.

It is important to consider the extent of trauma survivors have endured in their lives, and many could also be experiencing Post Traumatic Stress Disorder symptoms, validating the need to always provide trauma-informed practice in their counselling. Research has demonstrated the importance of programming for young girls who have exited a trafficking situation to help equip them with strategies and supports to prevent them from being re-trafficked (Sethi, 2010, p. 219-220). *A New Day* residential treatment program in Ottawa, ON describes the needs succinctly as, "ongoing support constitutes the core values of safety, non-judgmental, compassion, and whole-person, the programs are gender-responsive, trauma-informed, developmentally grounded, strengths-based and culturally competent" (A New Day, 2019).

PREVENTION STRATEGIES TO PROTECT VICTIMS

In interviews, the group of survivors in this study were asked to identify what they believe would have been most helpful in preventing them from being lured into trafficking or exploitation. The majority of survivors stated they felt they needed more family support, knowledge of basic life skills, greater knowledge of the problem of HT and improved self-esteem. These needs are consistent with previous studies, including one done for the Canadian Women's Foundation on the risk factors for women and girls who have been recruited into HT. Some individuals are at a higher risk of being lured into a trafficking situation due to their home environment or lack of support. This may include:

- "entering or leaving a group home or care environment,
- having nowhere to go after being kicked out or running away,
- moving to a new location, usually from a larger city to a rural area or another country,
- long durations of unsupervised time at home,
- or a lack of support when trying to leaving a negative relationship or environment"

(Canadian Women's Foundation, 2014, p. 35).

Also, Barrett's work on HT identified characteristics common among sex trafficking victims including; poverty, history of abuse or neglect, lower level education, lack of employment opportunities, desire for a better life, migrants, Indigenous, homeless, living in foster care, running away from home, substance abuse, mental health concerns, and involvement in criminal justice system or gang association (2013, p. 20-21). In Sarnia Lambton, the survivors interviewed identified their primary risk factors as feelings of vulnerability, having low self-esteem, experiencing guilt and shame, seeking a better life and lack of family support.

As a relationship develops, the trafficker will attempt to exploit victims' vulnerabilities and need for approval, attachment, and love (Barrett, 2013, p. 23). One (1) survivor stated she needed

“someone to recognize what was happening” to protect her from her trafficker and from being exploited, and said, “I shouldn’t have kept it a secret.” Luring tactics often involve a trafficker creating a romantic relationship with victim, making promises about a better life, and often providing gifts to demonstrate affection (Barrett, 2013, p. 23; Public Safety Canada, 2018, p.7). The need for a strong sense of safety was a recurring theme for the group of survivors interviewed in this research.

The survivors identified problems that could be addressed by CSP, including a lack of knowledge and awareness of the problem, lack of life skills, lack of communication, addictions, limited knowledge of the warning signs, not knowing where to get help, and not being able to be self-reflective of their situation. In reference to self-reflection, the survivors acknowledged the importance of reviewing decisions that could have prevented exploitation. These included seeing red flags that could put them at risk, poor friend choices and not knowing where to reach out for help. They felt more education when they were in school may have helped them know more about the dangers and warning signs of being exploited, so they would have known the risk factors and possibly averted it.

Better family support was the number one (1) area identified by survivors that could have prevented them from being exploited into HT. The survivors acknowledged that keeping secrets and not reaching out for support from either family, friends or community resources kept them trapped in their situation. According to Barrett (2013), psychological manipulation is used to increase victims' dependence on their traffickers while disempowering them to become compliant with instructions (p. 23). Overall, the survivors interviewed believed that more support, better awareness of HT and knowing the warning signs may have protected them from being lured into being exploited and trafficked.

SUGGESTIONS FROM SURVIVORS FOR THOSE STILL BEING TRAFFICKED

The message of 'hope' was a resounding theme throughout interviews, along with other caring messages such as, 'reach out for help' and 'don't keep secrets' to current victims of HT from survivors. A powerful message from one (1) survivor was,

"You can survive it, you really can. Somehow I think everybody knows that you will survive and sometimes you just wake up and just put one foot in front of the other and just hope tomorrow is a better day."

Another survivor clearly stated, "There is hope at the end of the tunnel." These valuable perspectives send a message to victims that there is help available if you need it; you just need to ask for it. One (1) survivor shared, "Your life is hugely at risk, it's not worth it. If you reach out to somebody, you will get the love you are looking for in someone else." Now that they have had the opportunity to reflect on their past, it was important for survivors to relay these messages to others who may be at risk, and ultimately to let victims know they too can get out of HT and be safe.

In terms of prevention strategies, survivors shared their experiences and identified the following priorities:

- The need for public education and awareness on HT
- The need for knowledge on how to protect women and girls from HT
- More family and friend support
- The need not to isolate a victim when they are seeking support

- The need for all parties to be more self-reflective (parents can watch for red flags and victims can be more careful about decisions that could impact their life)
- The need for parents to be more supportive and non-judgemental
- The need for health and social service providers to recognize warning signs and to respond to clients in a proactive manner.
- The need to educate youth on HT

In terms of gaps in services, survivors also shared their experiences and identified the following:

- An ineffective justice system
- A lack of knowledge and understanding of HT
- A lack of public education and awareness campaigns
- A lack of information on available community resources for victims and survivors

More specifically survivors itemized the resources needed in Sarnia-Lambton to help victims and survivors:

- The need for signs in bathrooms and billboards on where to get help
- The need for a help phone number that is easy to access
- Safety planning and building trust with the health and social service providers
- A non-judgmental approach in helping and counselling
- Reassurance that they will be ok and will be protected
- The need for safe housing
- The need for addictions counselling and support

Similarly, the Canadian Government has heard strong messages from anti-HT advocates, including survivors, and women's organizations who want to see proactive changes in Canada. For example, the Canadian Women's Foundation invests proactively in communities across Canada to help girls navigate the 'triple whammy' that hits in adolescence: high risk of sexual assault, poor mental health and a toxic sexualized culture (Canadian Women's Foundation, 2018, p. 43). The goal is to help build resilience in young girls, develop confidence, enhance communication skills, improve life skills and be more physically active (Canadian Women's Foundation, 2018, p. 43). This prevention strategy provides mentorship and guidance to young girls with an overriding goal of keeping them safe in their communities.

Another strong advocacy group is Timea's Cause, located in the Greater Toronto area (GTA), training victims to become their own advocates. The organization facilitates prevention and education workshops for law enforcement, banks, social services, hotels and tourism industry, real estate agents, youth and parents, making every effort to educate and bring awareness on how to detect HT and encourage the public to report it. Timea's Cause recommends support services for survivors including life skills, safe housing, addiction counselling, encouraging them to share their story and helping them create new positive memories to help heal the painful ones (Nagy & Moroney, 2019, p. 330-331).

The Canadian government has also initiated the *National Strategy to Combat Human Trafficking* and recommends the following prevention strategies:

- “enhancing efforts in priority areas,
- rehabilitating victims and survivors and the promotion of culturally-sensitive approaches,
- aiming to increase awareness so Canadians can better understand the warning signs,
- increasing intelligence and data collection capacity,

- supporting law enforcement and the criminal justice system,
 - enhancing federal procurement practices, strengthening partnerships across all levels,
 - helping to advance gender equality and benefit marginalized and vulnerable groups,
 - to be responsive to the *Calls for Justice in Reclaiming Power and Place: The Final Report of the National Inquiry into Missing and Murdered Indigenous Women*,
 - supporting the development of culturally-relevant support services for Indigenous survivors,
 - developing awareness and training tools for targeted groups in key sectors to help better identify victims,
 - and promoting culturally-sensitive training and awareness for law enforcement”
- (Government of Canada, 2019, p. 6-8).

These measures are being put in place across Canada through local organizations that provide support to vulnerable populations. These prevention strategies need to be long-standing programs across the country to be truly sustainable to vulnerable populations. Too often, funding for HT programs are short-lived and merely touch on this hidden and complex social problem. The insight shared by the courageous survivors in this research has given the community a unique opportunity to respond to the prevention strategies, the identified gaps in services and the ideas on how best to prevent HT and meet the needs of survivors.

INSIGHT FROM SURVIVORS TO IMPROVE SUPPORT SERVICES

Survivors were asked to provide suggestions on how Sarnia-Lambton could best prevent vulnerable persons from being lured into HT by addressing services gaps in different categories.

The categories included Friends and Family, Social Service Agencies, Health Care Providers, Police and Justice Systems, Hotels, Strip Clubs, Restaurants and Bars, Casinos and Other.

Family and Friends:

Prevention strategies suggested:

- Learn warning signs
- Oversee children's internet use
- Be non-judgmental
- Spend more time with family
- Become aware of the problem and learn risk factors that make youth vulnerable
- Enhance public awareness and education on HT

Survivors shared personal and insightful reasons for these recommendations:

"My family started judging me because of my drug addiction and pushed me away, they needed to say like, we love you, stop taking drugs and we will support you get sober."

"More family time and kids just need more love, it's not always going to work, you're going to have kids that are unruly, but just love your kids."

"They need to educate themselves too, they don't think it's happening here but it is, they're just not paying attention."

Social Service Agencies:

Prevention strategies suggested:

- Recognize the warning signs that clients may be at risk
- Provide more knowledge training for agency staff on HT
- Provide more public awareness and education on HT

- Assist in tackling poverty
- Encourage clients to self-reflect and provide more resources to clients

Gaps in services were identified as:

- Safe housing for victims
- Affordable housing
- The ability to provide victims with a sense of safety
- Confidential support groups for survivors
- Addictions counselling and support services

Survivors shared personal reasons for these recommendations:

“These presentations that you guys put on help. I mean it makes more people want to talk about it but it’s just not enough. I think there needs to be more presentations on HT, the more it is addressed the more people pay attention, the more people see it and then they will then say something.”

Health Care Providers:

Prevention strategies suggested:

- Recognize the warning signs
- Increase public awareness and education on HT
- Increase knowledge and training on HT to staff
- Transfer this knowledge to family members

Gaps in services identified:

- Communication and knowledge of the problem

- Addictions counselling and support

Survivors shared personal and insightful reasons for these recommendations:

“Professionals need to recognize the effects HT has on a person whether they are in it for one week or 20 years, it affects you. The drugs and alcohol addiction are all you know to cover the pain and we need to put one foot in front of the other,”

“Whether your past includes sexual abuse or whatever trauma you have suffered, it is damaging to your persona and to your psyche as a human, it changes you, it changes your brain.”

“They need more mental health care providers; I am telling you they don’t have near enough.”

Police and Justice Systems:

Prevention strategies suggested:

- Recognize the warning signs
- Increase public awareness and education on HT
- Increase knowledge and training of the problem to staff
- Provide a sense of safety to victims
- Build a strong support system within their services for the victims to reach out for help

Gaps in services identified:

- An effective justice system” for victims of HT. There was an overwhelming response from survivors stating that the justice system is ineffective.

Survivors shared personal and insightful reasons for these recommendations:

“Police, well a lot are just black and white, you are either breaking the law or you are not, and they don’t pay attention to the gray area and life is nothing but grey.”

Restaurants, Bars, Hotels, Casinos and Strip Clubs:

Prevention strategies suggested:

- Recognize the warning signs
- Increase public awareness and education on HT
- Increase knowledge and training of the problem to staff
- Provide a sense of safety to victim
- Offer help to those they believe are at risk

Gaps in services identified:

- Knowledge of the problem amongst staff

Survivors shared personal and insightful reasons for these recommendations:

“They know what’s going on, education for the staff absolutely, you know, I’ve shown up at hotels with nothing but the clothes on my back and you never leave but there is a lot of traffic at my door.”

“Have morals instead of want of cash, that’s all.”

Other:

The survivors shared multiple suggestions for strategies for people who are not part of the sectors listed in the above sections to assist with preventing others from being lured into trafficking or exploitation.

Prevention strategies suggested:

- Recognize the warning signs of HT
- Increase public awareness and education on HT
- Provide a sense of safety to victims
- Offer to help those they believe are at risk
- Don't keep secrets
- Oversee youth's internet use
- Provide support to family and friends
- Encourage self-reflection with those at risk
- Educate youth about HT and risk factors

Gaps in services identified:

- Affordable housing
- Addictions counselling and support
- Confidential support groups for survivors
- Education for youth in schools about HT

Survivors shared personal and insightful reasons for these recommendations:

- "A confidential support group for survivors of sex trafficking to get together and share their stories and share their wisdom without being judged. I know it won't prevent sex trafficking, but it would definitely be helpful to girls who have already suffered through it."
- "Help girls know their worth, and know they aren't alone and that there are people out there who care."
- "To build a support system, stay home, don't run away, live with your mom and dad as long as you can."

- “To open up a shelter to keep women safe, it would have to be hidden so that people can’t really reach it because people get mad and will try and find them.”
- “Everyone’s vulnerable, they don’t discriminate who they target”
- “Pay attention to the people in your life.”
- “Parents need to pay attention to what their kids are watching and listening to, social media is insane these days, you know.”
- “Educating the public and questioning that situation.”
- “You know that 68-year old guy in that building is always with girls coming in because they need a place to sleep because they get drugs and alcohol and that is the road to getting into that life.”
- “Tell yourself you’re enough every day until you truly believe it - there’s no stopping what you can overcome once you truly believe in yourself. You are enough.”
- “From a victim’s standpoint, I find it very disheartening and confusing that there wasn’t more help for me when I was going through the most traumatizing event of my life. The help that I did receive felt like a used band aid slapped onto the gash that was my heart...
The programs felt ‘bogus’ and the healing aspect was null. There was no real soul work that was put towards my journey of healing, sadly, I had to find this route on my own. I had to be strong, my own leader and heal myself from the inside out: mind, body & soul. It is not only my hope, but my mission & purpose to make it possible that the government can see the wrongdoings of putting the perpetrators healing before the victims. I would have loved to have time away to heal; more than the 5 days the government gives for women who have suffered abuse... Somewhere I felt safe, and was unconditionally provided the love and attention that my trauma deserved. Rather, my abuser was the one sent to a centre so that he may heal. I am grateful that he gets the opportunity on a human standpoint, but as a voice of victim’s alike, where is our helping hand? Why did I have to work so hard to put my pieces back together while the perpetrator gets a hand out? I think it’s critical that we realign the strategic plan behind programs and services for victims. I think it’s time we realize the importance of true soul healing, and I think it’s time we do something about it... I know I will be!”

CONCLUSION

The research team learned a great deal from the survivors. Importantly we learned to be compassionate and understanding of the trauma the individuals interviewed have endured when they were being exploited by their traffickers. Anyone can be at risk of trafficking and end up as a victim, as it does not discriminate. However, only women participated and are referenced in this research study. Traffickers are schemers and recruit their victims using manipulative tactics and devious tricks to engage and exploit women, youth and those who are most vulnerable. Marginalized and oppressed populations are most often targeted by traffickers. Many of the survivors who participated in this study were young when they entered human trafficking, some as early as 14 years but others were recruited when they were older, one in her early 30's. The average age of recruitment in this study was 22 years. All of the survivors met their trafficker with hopes and promises to fulfill their dreams in unique and persuasive ways. 66% of the survivors did not know they were being trafficked at the time, adding to their vulnerability and dependency on the trafficker. All of the survivors stated they lived in fear most of the time, as they were often abused, threatened, coerced, isolated and controlled by their trafficker. Once survivors escaped or exited their situation, they sought help and services in their home community of Sarnia-Lambton. Initially they needed to meet their basic needs - food, shelter and clothing. It is worth noting that the Ontario Native Women's Association also reported that women from the Eastern part of Canada are easily exploited into HT, due to their basic needs not being met (2019, p.7). The survivors interviewed also required safety and protection upon exiting/escaping HT. However, only two (2) of the 12 survivors interviewed sought help from the police. The rest were too fearful of what might happen to them if they did seek their assistance. Only one (1) of those two (2) cases went forward with charges and prosecution of the trafficker. A recent court case in Peel Region concluded with a statement from the Crown Attorney that needs to be echoed throughout the country;

“a strong message must be sent to potentially like-minded offenders that they will face prison time, if they venture into small-town Ontario and prey on local teenagers and lure them into empty promises into the world of escorting, where they are objectified, threatened with firearms and sexual violence. These kinds of offences are devastating to the victims” (Powell, 2020).

It is important to get the message out to everyone in in the community of Sarnia-Lambton that everyone needs to start reporting suspicious behavior that could put women, youth, 2SLGBTQQIA and vulnerable and disadvantaged populations at risk of exploitation. Greater public awareness, education and training is required on what human trafficking is and what the risk factors are in order to bring attention to this devastating social issue. Everyone is responsible for becoming more aware of this growing problem, understanding the warning signs and making the community safe. A local police officer shared that over the lifetime of his career, he has never had a call to investigate potential HT. It often only comes to the attention of police through other investigations involving theft, fraud, identity theft, domestic violence, sexual assault and weapons charges. The victims do not call out for help to the police.

This research demonstrated that survivors are reaching out for help from community service providers and utilizing what is available to them. The research revealed that Sarnia-Lambton has a number of services available to support victims and survivors of HT. However, some specific gaps were identified, namely safe housing, more public education and awareness, an effective judicial system, accessible and free counselling for trauma and addictions support. All these supports were notably missing in this community. Timea Nagy, said it so succinctly in her autobiography, *Out of the Shadows*,

“We cannot accept that there are millions of people being currently trafficked worldwide, more than any other time in history, even when keeping slaves was legal-for none of us has true freedom or prosperity if it comes at the cost of other’s freedoms, labour and even lives. It needs to end because the collective freedom of our human family is at stake, especially that of the next generation. We can do it” (Nagy & Moroney, 2019, p. 336).

Some survivors have shared that their participation in this research empowered them to cultivate their thoughts and allowed their voices to be heard. Some of the survivors in this study were ready to publicly speak out and share their story in an effort to prevent and protect others falling victim to sexual exploitation. These survivors reported feeling heard and detached from their past experience rather than emotionally triggered by it. For some, it helped with their healing journey and put more closure and distance between their lives now and their experience then. They were all courageous and motivated to help and share their wisdom and insights about the gaps and needs for victims and survivors of HT in their community.

We trust and hope that all survivors will give credence to this message from another survivor, “tell yourself you’re enough every day until you truly believe it- there’s no stopping what you can overcome once you truly believe in yourself. You are enough.”

The gift of healing- own your truth

As I sit here trying to find the perfect words to say, a message, something with impact, something that matters...The thought that rings loud and clear to me is do your healing and own your truth! Repeat after me... DO YOUR HEALING, OWN YOUR TRUTH...

*I've searched high, I've searched low
For the acknowledgement in someone else's sorrow
I ran from my truth
Running backwards to my past
I knew I didn't want these bad feelings to last
But I dug myself
Deep, deep, **deeper** in that hole
Buried in; no love or sunlight to help me grow.*

*For once a seed always a seed
Intention is buried in me
I found that spark, I held onto hope
Watched that seed
slowly grow
Look at me, look at me, look at me now
I am a beacon of love, light, truth
And I know how
How I got here, to this new way of life
One that would never cause me
Heartache or strife*

*So, heal yourself, heal yourself, heal yourself child
Rise above your pit of denial.*

—Ali. R
Survivor

Rising Up: The Path to Healing

For many years I asked myself "why me?" Why would God or whoever our higher power is make this life for me. Why would this be my path to walk. And for many years I was left feeling frustrated after trying to figure it out, so much so that eventually I began to believe that what I had been through was my fault. It wasn't until I began my recovery from drugs that I began to see that the trauma that I had been through wasn't my fault. I believe that any situation we go through in life, whether that be good or bad, can be greatly influenced by our perspective. If we are always looking at the negative, always focusing in on the bad, then that entire situation is going to feel completely horrible. I noticed that my life began to change greatly when I changed my perspective. I started to look at things from a different lens. When we take the horrible things, we've been through and look at those horrible things from a different lens, we can grow into better people.

I know that the things I have gone through aren't normal, aren't my fault, and they sure don't define who I am today, however, being a survivor of human trafficking has changed me into such a better person, TODAY. Did it in 2013? No. Absolutely not. But today I know that I can persevere through anything, that when I look at things differently the entire situation can change for the better, that I am resilient, a warrior, strong, and beautiful. Had I not have gone through what I went through, I probably wouldn't be half the woman I am today.

So if you are a survivor of human trafficking and wondering where to go from here, wondering how you're going to recover from this, how your life is going to be better, if you're wondering how your life may ever seem "normal" again, my word of advice to you is to try to look at things from a different lens. Try to find the ways that the situations you've been through are going to change you into somebody stronger, somebody wiser, somebody more resilient. You are not a victim; you are a survivor. Don't let the situations that you've been through define you, better yet allow those situations to rise you up.

Perspective changes everything! My best wishes.

– Brooke
Survivor

First Nation Communities

**Chippewas of Kettle and Stony Point First Nation,
Aamjiwnaang First Nation Chippewas of Sarnia,
Walpole Island First Nation-Bkejwanong Territory and
Sarnia-Lambton Urban Indigenous Members**

**Exploring the Knowledge, Gaps in Services, Prevention
Strategies and Support Services to Combat Human
Trafficking**



INTRODUCTION

The research team was pleased to meet with 19 Indigenous CSP departments and 58 community members from Sarnia-Lambton's three (3) First Nation communities. This includes Chippewas of Kettle and Stony Point First Nation, Aamjiwnaang First Nation Chippewas of Sarnia and Walpole Island First Nation-Bkejwanong Territory plus seven (7) Indigenous outreach services from the Sarnia-Lambton area to gather information and wisdom. They provided information to this study on how best to provide adequate services to the invisible social problem of HT in their communities.

The research explored with the CSP departments and community members their knowledge of HT and determined whether they had and would want future training on this social problem. The research explored what they perceived as the warning signs of an individual at risk of HT, identified populations who are potentially vulnerable and described luring strategies that they have observed in their work with victims and survivors of HT. Requesting the CSP departments to estimate the number of clients they believe were victims of HT in the past year helped the research team determine whether this is a growing problem in the three Indigenous communities and if also observed by outreach services for Urban Indigenous members. The research identified gaps in services for victims and survivors. CSP departments and members were also questioned about what they believe draws consumers (men who purchase sexual services) towards HT and ideas to deter them from seeking it out. Finally, the research sought the knowledge of CSP departments and community members to creatively and collaboratively establish strategies and action plans for prevention and solutions to combat HT in the Sarnia-Lambton community.

It was the research team's hope that with this knowledge, each Indigenous community and outreach service and program will be better able to address the needs of victims and survivors of HT. Ensure the provision of adequate services and make these communities a safer place to live. CSP and community members ultimately want to protect vulnerable populations from recruitment, to empower and support all victims and survivors of HT.

RESEARCH DESIGN

There are three (3) Indigenous First Nation communities in Sarnia-Lambton which includes Chippewas of Kettle and Stony Point First Nation, Aamjiwnaang First Nation Chippewas of Sarnia and Walpole Island First Nation- Bkejwanong Territory. After approval was given from the Chief and Band council, the research team began voluntary data collection from two different groups in each community and Urban Indigenous outreach services including the Sarnia-Lambton Native Friendship Centre (SLNFC). These two data collection groups were, 1) CSP departments and 2) Community Members.

The research team met with all three Indigenous communities as well as the Sarnia-Lambton Native Friendship Centre (SLNFC) to discuss the intent of the project, and to inquire about how they would like to be involved. Each First Nation community and the SLNFC had input into the creation of the information letters, consent forms, Readiness Checklist and Screening Tool, CSP interview questions, Community Member questionnaire, Survivor interview questions, and Lambton College student questionnaire. The research team had full engagement and cooperation from the three (3) First Nation Communities and the SLNFC who participated in this study.

1) In CSP departments, the initial contact was made with the Managers from each of the Social, Justice and Health Departments who have the expertise to respond to the research questions.

Interviews were conducted with 19 CSP departments in all three communities. Also, the team interviewed seven (7) Urban Indigenous satellite Indigenous support programs including the SLNFC. The research team requested to meet with all departments through the Managers who invited those they believed would be interested in participating in the study. The department staff were first invited to attend an education session on HT offered jointly by the research team and the SASC. The departments learned about the education session through the distribution of their community newsletter or by email from their Manager. Those who attended the education sessions did so on a voluntary basis and were offered a complimentary meal in all three Indigenous communities and the SLNFC.

Individual interviews were set up with each department who volunteered to participate in the study. A structured interview was conducted in-person by the research team, which included an Indigenous student from Lambton College (on occasion the student could not attend due to academic schedule) at the participant's workplace, at a time of their convenience. CSP departments were provided with an overview of the purpose of the research as well as how the research would be conducted and findings distributed. Each CSP department signed a consent form (Appendix 2) before participating in the interview. CSP departments were also given permission to opt out of answering any question. The session was recorded in handwritten notes by the research team. The interview questions asked participants about their professional experiences with HT, services offered at their agency, overall community services, and what they believe is needed in their community regarding HT (Appendix 7). The names of the participants remain confidential and the information collected was identified by the name of their department. A total of 26 CSP department representatives were interviewed to provide insight from the perspective of professionals who provide support services to the communities.

2) For the Community Members in each of the three (3) First Nation communities and the SLNFC, the research team hosted an open HT education session which included a complimentary meal and was jointly conducted by the research team and the SASC. The events were advertised and promoted through a community newsletter (see Appendices 10-14). At the conclusion of each education session, participants were invited, on a voluntary basis to complete an anonymous community member questionnaire. All participants completed a consent form prior to completing the questionnaire (Appendix 15). The questionnaire comprised of yes/no, true/false, check all that apply, and open-ended questions (Appendix 16). All questions were optional and participants could choose to withdraw from the questionnaire at any time. The questionnaire asked participants about their knowledge of HT, and what they believe is needed in their community regarding HT prevention and supports. The questionnaire was completed through participants handwritten responses, that were transcribed later by the Researcher and PI. A total of 58 community members from the three (3) First Nation communities and Urban Indigenous members participated in the Indigenous member questionnaire.

The primary goals for gathering input from CSP departments and community members was to explore their knowledge of HT as a problem in their community and to examine how each community can build and support sustainable services to prevent, protect and empower vulnerable populations from HT that is unique to their community. This research questionnaire included looking at risk factors, warning signs, gaps in services and prevention strategies that empower vulnerable populations to be more aware of this hidden problem in their communities, Sarnia-Lambton, Ontario and Canada.

The research team collected the information using a qualitative methodology that included interviews with CSP departments and questionnaires from the community members. Data

collection for the three (3) First Nation communities, Chippewas of Kettle and Stony Point First Nation, Aamjiwnaang First Nation Chippewas of Sarnia and Walpole Island First Nation-Bkejwanong Territory were all collated, coded and analyzed separately. To ensure the data was kept separate for each community, the following coding was used: KS for Kettle and Stony Point; AA for Aamjiwnaang; WI for Walpole Island; FC for SLNFC (including colour coding files for each community and SLNFC). For this specific report, the *First Nation Communities Final Report*, the research team compiled all four (4) separate Indigenous data collections and combined them under one (1) category as approved by all three (3) Chiefs, as all Indigenous data. Also, each First Nation community will be provided with their own individual and unique report from the data collected in their community and with this *First Nation Communities Final Report* and the *Final Survivor's Report* at the end of the study.

By reviewing qualitative interview data, researchers were able to review the data, and organize it into categories or themes which can be applied across all data sources (Creswell, 2014, p.186). The data collected was used to identify repetitive patterns of action and values, and to assign key terms (i.e., codes) to them. Since coding was a highly interactive process, the research team started with hard copy printouts completed at interviews and utilized visual methods of colour coding to help identify significant words, quotes, and passages from narratives that were worthy of attention. In an iterative fashion, the team looked specifically at similarities, differences, frequencies, and sequencing of identified key terms and themes in the data. The team refined the coding by laying out and comparing transcripts to consolidate meaning which helped to develop the qualitative code book. Researchers can then make inferences, connections, patterns, relationships, interpretation and build the theory from the data collected (Creswell, 2014, p. 198). Using the first five (5) Indigenous CSP department interviews as a baseline, the team was able to determine the key themes and concepts that evolved from the insight and wisdom shared by the CSP departments. The research team also added more

key terms, some unexpected, emerged throughout coding iterations. All open-ended question data was entered into the computer program MAXQDA for coding and thematic analysis.

Thematic analysis is an outcome of coding, categorization and analytic reflection (Creswell, 2014, p.196). The MAXQDA software helped to collect and display key words and phrases, and retrieved, filtered, grouped, linked, and compared our data. The research team, also took quantitative data (statistics) collected from yes/no and check-all-that-apply questions, and turned them into pie charts or bar graphs to help with a narrative analysis. The team examined the descriptions and interconnected themes that evolved from the coding process and developed a narrative passage for the analysis.

The research team also checked for validity of the analysis by exploring online other local, provincial and National organizations who work on Indigenous anti-HT strategies. The findings from the CSP department interviews and community members and recommendations recorded in this report, as well as action agendas for reform and change to share with partners and the community. Sarnia-Lambton's Indigenous CSP departments plus seven (7) Urban Indigenous outreach services were supportive in the research and eager to learn more about HT.

With the sudden arrival of COVID-19, the in-person research came to a full and unexpected stop. Unfortunately, both Kettle and Stony Point, and Aamjiwnaang CSP departments many interviews had to be cancelled due to the state of emergency called in Canada, thus having less input from these two (2) communities.

VULNERABLE PATHWAY TO SEXUAL EXPLOITATION IN HUMAN TRAFFICKING

It would be impertinent in this research not to discuss the influence on Indigenous women and girls who have become victims of sexual exploitation and HT without reviewing the historical impact of colonization on Indigenous people. The intergenerational trauma that was caused by

displacement from traditional lands, destruction of traditional Indigenous traditions, destruction of language, poverty, abuse, residential schools and Sixties Scoop has had long term devastating effects on Indigenous people (National Inquiry into the Missing and Murdered Indigenous Women and Girls, 2019b, p. 107). These policies rooted in colonization, have also reduced the sense of Indigenous identity and threatened their core values, traditions and beliefs.

Beginning as early as the first European settlers landing in what is now known as North America, Indigenous peoples, especially Indigenous women, have been marginalized. European settlers imposed a foreign patriarchal society and enforced their own beliefs and patriarchal lens onto Indigenous social systems (First Nations Studies Program, 2009). This had specific ramifications on Indigenous women who in traditional culture, were respected for their spiritual and mental strength, holding a balanced and complementary role with men in their communities (First Nations Studies Program, 2009). “Many First Nations were matrilineal, meaning that descent – wealth, power, and inheritance — were passed down through the mother” (First Nations Studies Program, 2009).

According to Beverly Jacobs, the author on International Law/The Great Law of Peace:

“Once the *Indian Act* was passed, the responsibilities of our men and women changed drastically. As a result of being confined to a reserve, our traditional men and women lost their responsibilities in using their strengths, either physically or mentally. Women were thought of as property by our *O :gwe ho:we* men who became acculturated into believing that they had to think like white men. The entitlement to status under the Indian Act itself enabled that to happen, wherein the male would gain status and his wife and his children would gain his status” (as cited by First Nations Studies Program, 2009).

Maya Chacaby identifies moments in history where original treaties between Indigenous peoples and the European settlers were violated which began similar behaviours that mimicked grooming and exploitation. These violations included:

- the American Revolution,
- War of 1812,
- solutions to the 'Indian Problem,'
- Civilization Act,
- Indian Land Act,
- The Indian Act,
- Residential schools,
- and The 60's scoop (Chacaby, 2019).

Indigenous peoples who have been or are sexually exploited report systematic racism and discrimination as an ongoing and significant challenge throughout their lives (Native Women's Association of Canada, 2014, p 14). Many individuals who have experienced being trafficked refer to factors such as colonial violence and the impact of Indian Residential schools that have greatly contributed to abuse and instability they have experienced in their childhood (Native Women's Association, 2014, p. 14). Research has indicated that due to cultural breakdown and intergenerational effects of trauma, Indigenous youth are much more susceptible to social disparities such as:

- "limited education opportunities
- inadequate healthy support systems
- poverty
- abuse (including sexual, physical violence, drug and alcohol)

- lack of viable economic alternatives” (National Women’s Association of Canada, 2014, p. 14).

Such social disparities are vulnerabilities which pimps will prey on. Many Indigenous individuals are especially vulnerable due to past experiences and are more susceptible to the grooming techniques pimps will use to prey on those vulnerabilities (National Women’s Association of Canada, 2014, p. 14). Techniques used by pimps to prey on such vulnerabilities are specifically the boyfriend and the gang approaches (National Women’s Association of Canada, 2014, p. 14). Both of these techniques make offers of love, acceptance and a sense of belonging, something Indigenous youth who have experienced intergenerational trauma and have grown up in unstable environments during their childhood are much more susceptible to (National Women’s Association of Canada, 2014, p. 14).

Research Analysis of First Nation Community Service Providers

Exploring the Knowledge, Gaps in Services, Prevention
Strategies and Support Services to Combat Human Trafficking



EDUCATION AND TRAINING

CSP in all three (3) Indigenous communities and Sarnia's Indigenous outreach programs all stated they would like more training on the subject of HT. The research team, along with the SASC staff, provided five (5) educational workshops on HT to staff from social services and health care departments in all three First Nation communities as well as SLNFC. Approximately, 58 Indigenous participants attended these educational sessions. The majority of CSP departments (54%) have had training on HT, and with (42%) CSP departments indicating they had no training in this subject area and (4%) did not respond. Those who have had HT training indicated they have attended workshops by Indigenous Trainers specifically, Maya Chacaby, Brigitte Perrier, Deanna Keeshig and Leona Skye and by Independent First Nations (IFN). These training sessions were offered by Indigenous survivors who have insight and knowledge on the problem of HT, and also provided education on culturally relevant traditional healing strategies. The training was often offered within local First Nation communities.

All this training has provided beneficial learning opportunities for the staff and tailored to their learning needs. A few indicated they had also been to an Aboriginal Women's conference in Alberta where they attended a workshop on HT and others had attended training at Chippewas on the Thames and Oneida, as well as local training offered by the Children Aid Society and the SASC both of Sarnia-Lambton.

Many of the participants gave positive feedback about hearing a survivor share their personal story. They found their stories impactful, helpful and meaningful learning about their exploitation into HT. These compelling stories were a powerful learning experience for participants since they gained a better understanding of the problem in their community. Many reported they had no idea what organized crime HT was and the magnitude of the problem. They reported learning about how traffickers can be manipulative and controlling and lure young people away

from their community. Learning how HT starts with recruitment strategies of offering promises for a better life, jobs, parties was very helpful in understanding how easily it can happen and how the exploitation progresses.

Many reported that they found it 'scary' to learn how close to home it can be. It was concerning to know that traffickers can target vulnerable populations and that any woman or girl of any age. They stated it was time for indigenous women to get their power back to keep them safe.

All CSP departments in the First Nation communities and urban Indigenous outreach services responded positively that they would welcome the opportunity to learn more about HT. Nagy et al. (2018) conducted research and determined the top priority was a lack of awareness of the problem and therefore the need for education and training for the general public, parents, school-aged children, and service providers (p. 7). The importance of the Grandfather Teachings to address intergenerational trauma was also highlighted by Indigenous participants and representatives (Nagy et al., 2018, p. 7). In 2019, the Ontario Native Women's Association (ONWA) identified a prevention framework in education to inform and support youth to make healthy self-respecting choices. It encourages families and parents to seek help to raise their children to value themselves and to make good choices (Ontario Native Women's Association, 2019, p. 30). Prevention education needs to include traditional teachings, cultural activities, and ceremonies that can be woven into the support services (Ontario Native Women's Association, 2019, p. 30).

The research concluded that there is an overwhelming desire to learn about the evolving social problem of HT from the CSP departments which in turn offers great potential for collaboration amongst other Indigenous trainers to provide further training in all three (3) First Nation

communities and the local First Nation outreach services.

KNOWLEDGE OF VICTIMS AND SURVIVORS

Of the CSP departments, 54% interviewed believed they had experience working with HT survivors in the past year. On the other hand, 15% reported they did not believe they had worked with any HT survivors. Finally, 27% were 'unsure' if they had worked with HT survivors in the past year and 4% did not respond. It is concerning that 27% of the CSP were unsure if they had worked with victims/survivors, which validates the need to pursue more training for staff to help identify clients they are working with possible victims of HT. Specific training for more trauma-informed counselling will help staff assess and screen clients for HT (See Appendix 8 for Family Services of Peel Trauma Screening Training).

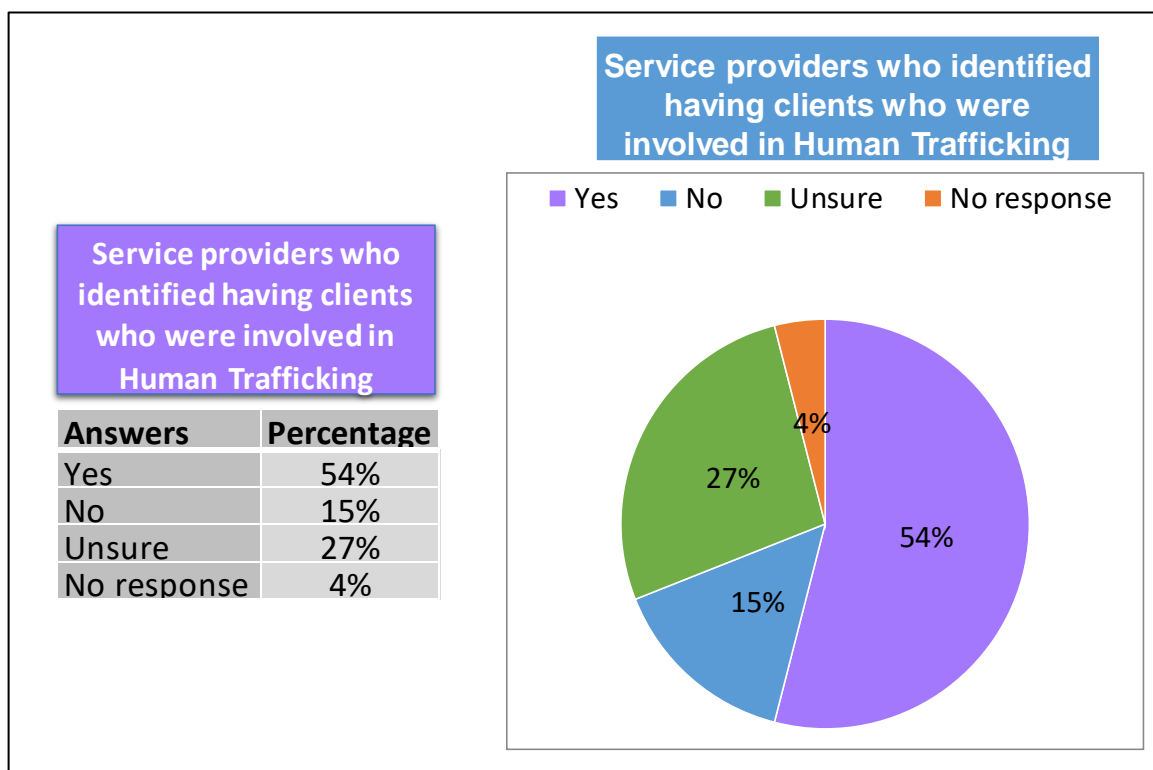


Figure 3.1

Of the CSP departments that identified working with HT survivors, 69% indicated their clients were trafficked sexually, and 13% were trafficked for the purpose of labour exploitation and 18% did not respond. Little was learned in this research regarding labour trafficking in the Indigenous communities, as most CSP found it difficult to identify victims and were not directly involved in responding to labour trafficking as a community.

48% of First Nation CSP departments indicated they do not feel knowledgeable or are unable to support a survivor of HT, whereas 19% of CSP departments felt knowledgeable about how to support a survivor and 33% of the participants did not respond. It is important to note that the majority of the CSP departments (48%) do not feel confident to support a victim/ survivor and an additional 33% indicated they were unsure if they could identify an HT victim or survivor. Ultimately, further training could ensure that CSP can identify a victim but also have the knowledge and confidence to support a victim on their healing journey.

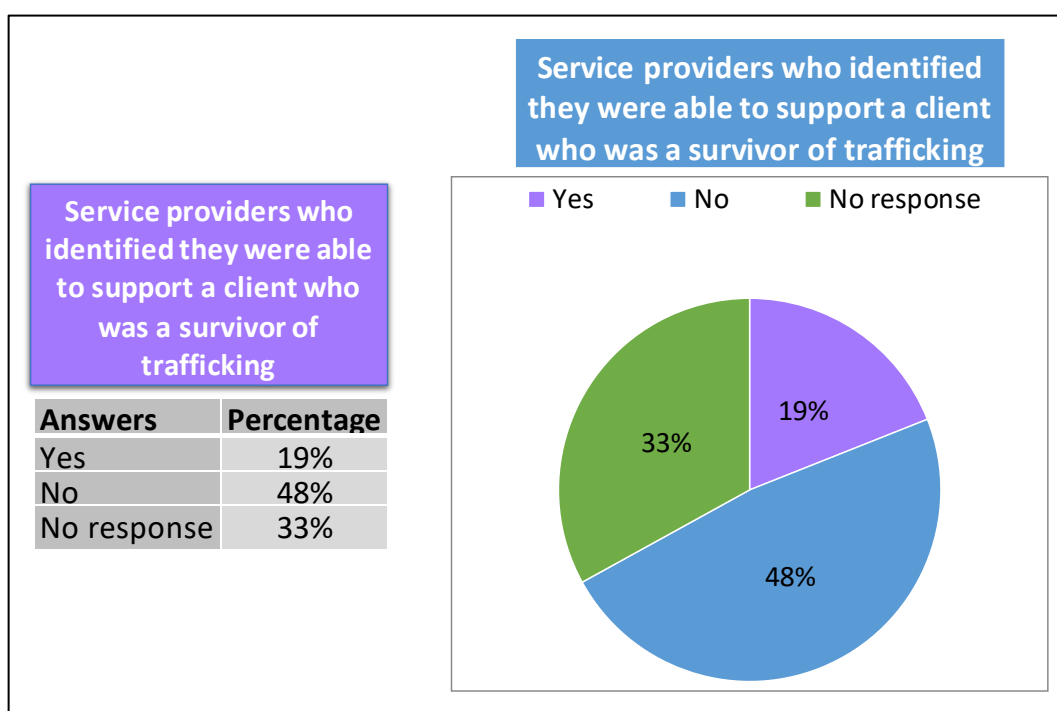


Figure 3.2

To further HT, the 26 First whom clients in the believe were Figure 3.3 possible trafficked number of	Number of Clients	Number Identified by CSP	explore the prevalence of research team interviewed Nation CSP departments estimated the number of past year (2018-2019) they exploited or trafficked. identifies the range of clients that had been with the corresponding CSP as follows:
	1-5	10	
	6-10	1	
	11-15		
	16-20		
	20-25		
	26-30	1	
	31-35		
	36-40		
	41-45		
	46-50		
	51+	1	

Figure 3.3

This table identifies the number of clients who had sought services for HT in the past year in all three (3) First Nation communities and Urban Indigenous outreach services. Based on these

numbers, CSP departments reported the total range of survivors possibly being between 112 and 140 possible victims/survivors they may see in a one-year period in all three communities. Nationwide statistics on investigations and charges, are considerably lower than what is being observed by social services and health services in our country. Between April 2017 and March 2018, Public Safety Canada (2018) reported police forces identified 47 trafficking in-person cases and 295 continued prosecutions, of which 285 were related to sex trafficking and 10 were related to labour trafficking (p. 4). Of the cases reported to police, 60 victims of trafficking were identified (Public Safety Canada, 2018, p. 4). During this time, police forces in Canada charged 78 individuals in 47 trafficking in-person cases under section 279.01 of the Criminal Code, which included the conviction of five traffickers (Public Safety Canada, 2018, p. 4).

In North America, the detection of traffickers is still less than victims who have been identified (United Nations Office on Drugs and Crime, 2018, p. 23). The criminal justice system reflects only a small portion of the HT problem in Canada, including the three (3) First Nation communities, which poses a challenge for communities across the country to examine HT more thoroughly. The research findings show a wide discrepancy between what is observed by CSP departments about local victims in the community and what is reflected in local police investigations or charges of HT.

CSP departments were asked to identify how HT clients were referred to their organization. It was determined a majority of HT clients (36%) were existing clients, (28%) had been referred by a community provider, (24%) were referred by a family member or friend and (12%) were self-referred. (12%) were identified coming from the 'other' category, which included being referred by Ontario Works, Crown Attorney's office, Probation, Correctional services, Police and Band Council.

This evidence supports a strong interconnectedness between CSP departments and community members as the majority of referrals came from existing community services. Also, a good number of referrals to help victims/survivors came from family and friends. This demonstrates strong family and friendship ties that result in community members supporting each other in their communities. The family culture is a valued and respected unit within Indigenous communities and is evident with families seeking help for their loved ones.

GROWING PROBLEM

There was an overwhelming consensus from First Nation CSP departments and Indigenous outreach services (100%) interviewed, that they believe HT is a growing problem in Sarnia-Lambton and Ontario, and (96%) stated they believe it is a growing problem in their three (3) local First Nation communities as well as Canada.

Globally, HT is the second most profitable organized crime, behind drug trafficking (Kaye, Winterdyk and Quarterman, 2014, p.3) and has found its way into Canada, Ontario and our local communities. The prevalence of the problem is complex as HT is a very secretive and hidden social issue and has only been a criminal offence in our Canadian Justice system since 2005. In Barrett's research, it was determined that the majority of people trafficked in Canada are Indigenous women and children. The Indigenous population in Canada is 4%, yet, Indigenous peoples are significantly over-represented in the sex trade industry and in being trafficked (2010, p. iii).

Since 2005, there have been 455 HT cases reported by the RCMP across Canada (Goodale, 2018). Measuring the actual number of HT cases based on criminal charges leaves a lot of room for inaccuracy in documenting the numbers. Often cases go undetected and

underreported, as victims are reluctant and fearful to report to police (Public Safety Canada, 2018 p. 4). However, the rate of HT globally is 2.4/100,000, in Canada at a rate of 0.9/100,000 population and in Ontario, it increases to a rate of 1.6/100,000 population (Ibrahim, 2018, p 6). Specifically, large urban centres such as Toronto and Ottawa have reported higher incidences of HT in their areas (Goodale, 2018). Between April 2017 and 2018, there were 47 new HT cases in Canada, along with 295 continued prosecutions, of which 285 were sexually related trafficking charges and 10 were labour related trafficking charges (Public Safety Canada, 2018, p. 4). Locally in Sarnia-Lambton, the data reflects similarly low numbers of those charged with trafficking persons and larger numbers of charges related to sexual offences and HT investigations. These alarmingly high numbers of HT clients reported by local Indigenous CSP departments does not reflect Sarnia-Lambton Police and Ontario Provincial Police (OPP) reports of people being investigated on HT charges.

- In 2018, Sarnia Police Services and OPP combined, charged 5 individuals with trafficking of persons, 24 charges of related sexual offences* and 13 investigations of human trafficking.
- In 2019, Sarnia Police Services and OPP combined, charged 2 individuals with trafficking of persons, laid 2 charges of related sexual offences* and carried out 19 investigations of human trafficking.
- *Related sexual offences include; adult material benefit from sexual services, adult material benefit from sexual services under 18 years, adult procuring (giving someone access to the sex trade), adult advertising sexual services, adult sexual exploitation, adult making prints, published or possession of child pornography, sexual assault, drug possession, adult fails to appear-summons, adult possession of property obtained by crime under \$5,000 (A. Taylor and L. Horan and, personal communication June 2020; D. Whelpley, personal Communication, May 2020).

Although several efforts were made, unfortunately, the research team was unable to meet with Walpole Island and the Kettle and Stony Point police detachments to gather data and information from their experiences. Aamjiwnaang data is included with Sarnia Police Services. The data collected from both Sarnia Police Services and OPP does not track Indigenous and non-Indigenous HT statistics. The HT police data for Walpole Island and Kettle and Stony Point is the property of each of these First Nation communities.

As outlined in *Reclaiming Power and Place*, identities of Indigenous peoples were stripped by the Indian Act, residential schools and the Sixties scoop (National Inquiry into Missing and Murdered Indigenous Women and Girls, 2019a, p. 104). Often these experiences have denied Indigenous people the right to culture, the right to health, the right to security and the right to justice. When addressing violence, it is important to look at how systems, institutions and individual actions contribute to the problem, such as how drug abuse, poverty, mental health and isolation increase the dangers. Solutions need to be based in the context of root causes of violence, colonization, marginalization, lack of institutional will, failure to recognize the expertise and capacity of Indigenous women themselves (National Inquiry into Missing and Murdered Indigenous Women and Girls, 2019a, p. 118).

From 1991-2014, Statistics Canada reported 294 homicides of sex workers, 34% of these cases remained unsolved (National Inquiry into Missing and Murdered Indigenous Women and Girls, 2019a, p. 662). During the same period, only 20% of homicides not involving sex workers were unsolved (National Inquiry into Missing and Murdered Indigenous Women and Girls, 2019a, p. 662). Indigenous women do not seek out the help and support of the police because of this there is a need to focus on strengthening relationships between the police and street-level sex workers (National Inquiry into Missing and Murdered Indigenous Women and Girls, 2019a, p. 664).

There is a lack of research data on the numbers of Indigenous people who have been exploited in HT. Yet, the First Nation communities and outreach services believe it is present. This belief is supported in the extensive final report, *Reclaiming Power and Place*, by the National Inquiry into the Missing and Murdered Indigenous Women and Girls completed recently in 2019.

Accordingly,

“it is consistently reported that Indigenous women and girls, 2SLGBTQQIA people make up the majority of those involved in the street-level sex work. They are also more likely than other groups to be targeted for, or to experience sexual exploitation or trafficking for the purposes of sexual exploitation” (National Inquiry into Missing and Murdered Indigenous Women and Girls, 2019a, p. 656).

Everyone is concerned that vulnerable populations are at risk of being recruited as the victims often desire to search for a better life. This is a difficult challenge to face, protecting at risk populations and making the community a safe place to live.

WARNING SIGNS OF VICTIMS AND SURVIVORS

There are numerous potential warning signs that individuals could be at risk of HT. The three (3) First Nation communities' CSP departments and local outreach services have observed multiple warning signs (25) when working with clients who are potentially at risk of HT. From the warning signs identified, Figure 3.4 illustrates the most common potential warning signs for clients as being alcohol and drug use (92%), mental health concerns (92%), low self-esteem (92%), low status in the family (88%), loneliness (88%), little or no money (84%) signs of psychological abuse (80%), dependency issues (80%), isolation (80%), fearful (76%), malnutrition, dehydration and poor hygiene (76%) and signs of physical abuse (72%). This research validates the relevance of warning signs for local CSP departments to identifying at risk clients.

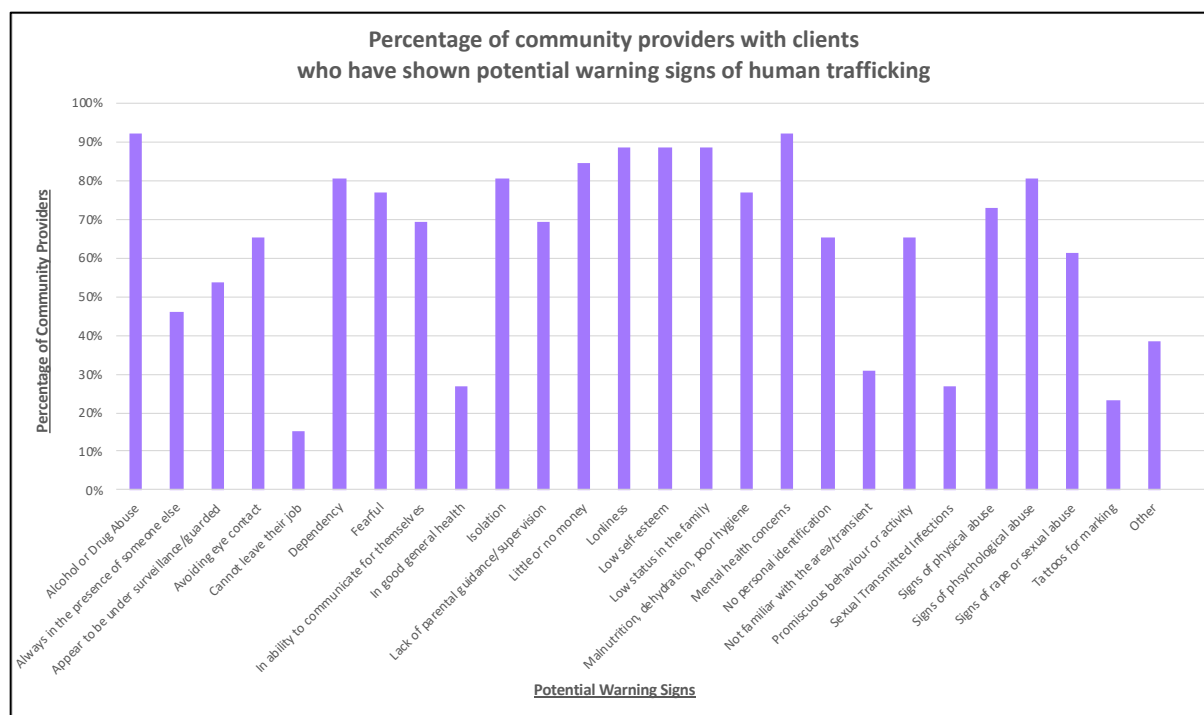


Figure 3.4

Two (2) significant warning signs not identified by CSP were tattoos for marking (24%) and the inability (for clients) to leave their job (15%). The CSP stated they have observed tattoos on their clients but are generally not discussed in depth during a counselling session. A client's tattoos could potentially be markers of exploitation or trafficking even though they were not identified as such to a CSP. The inability to give up their job, is a potential warning sign related more to some young people struggling to support themselves financially and seeking basic needs. ONWA reported from their studies, that Indigenous people in eastern Canada are recruited easily as traffickers are offering to meet their basic needs (Ontario Native Women's Association, 2019, p. 7).

In the 'other' category, CSP departments also recommended paying attention to '24 other valid potential warning signs' in their communities and are as follows in Figure 3.5.

Always Concerned	Always in A Rush to Leave
Being in a Car and Then Being Pushed Out	Change in Appearance
Dependency to Alcohol or Drugs	Easy Access to Cross the River
Feeling Safer in Jail	Homeless
Laughing with a Flippant Attitude	A lot of Visitors/Strangers
Making Excuses a Lot	Meeting with Strangers
Missing in Care	Missing or Absent for Long Periods of Time
Never Alone	Not Being Allowed to Return Home
Odd Stories That Have Missing Parts in Them	Only Meet You on Their Terms
Own Lots of Expensive Things That Don't Usually Fit for a Teenager	Self-Harming/Cutting
Systemic Racism and Stigmas	Taking Pictures of Themselves
Taking Selfies and Posting Online	Walking Alone at Night

Figure 3.5

This research has validated that the CSP departments have a good knowledge of potential warning signs to look for in terms of at risk clients for HT. Their understanding of the problem and observations with their clients will continue to benefit their communities in helping to identify and support at risk individuals.

POPULATIONS AT RISK OF HUMAN TRAFFICKING

The First Nation communities and Urban Indigenous outreach services responses to identifying the demographics of groups that are most at risk of HT, was consistent with CSP from Sarnia-Lambton and Canadian experts. According to Ralph Goodale (2018), past Minister of Public Safety, in his verbal report to the Global Conference on HT in Toronto, he stated, “the most at risk groups of being exploited are vulnerable and oppressed populations.” To address the HT and exploitation of Indigenous women and girls, the first step is to acknowledge the seriousness of the problem and explore who is most at risk (Sethi, 2010, p. 217).

The groups they identified as most vulnerable included; individuals with mental health problems, immigrants and refugees, Indigenous, 2SLGBTQQIA, all disability groups, individuals with concurrent disorders, individuals who are looking for attention or are easily manipulated, naive, and lack emotionally healthy relationships. The Ministry of Public Safety (2018) stated, traffickers will "target disadvantaged and vulnerable populations including children, adolescent girls, women, Indigenous girls and women, youth in care, runaways and homeless youth, persons with disabilities, refugees and migrant workers, and LGBTQ2 persons" (p. 6). This is consistent with Canadian research studies describing-vulnerable populations as perfect targets for the trafficker. Traffickers prey on an individual's vulnerabilities and attempt to maintain control of victims by using force, assault, threats of violence and abuse of their power (Public Safety Canada, 2018, p. 2).

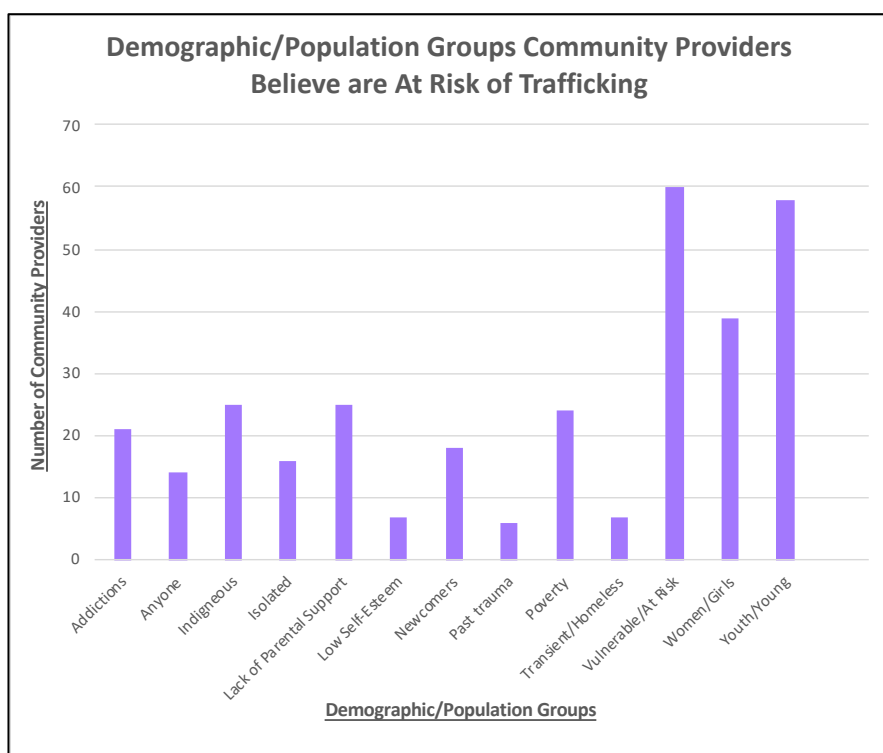


Figure 3.6

This research determined that CSP believe that youth, specifically ages 13-16 years, are the largest group at high risk of being recruited by traffickers. This evidence is supported by other research findings, “grooming is a process whereby predators target and prepare children and young people for sexual abuse and sexual exploitation” (National Inquiry into Missing and Murdered Indigenous Women, 2019a, p. 660). Vulnerable populations, women and girls were also identified by Indigenous CSP departments as high risk demographic groups, which again is supported by other research. Looking specifically at sexual exploitation and sex trafficking, traffickers predominantly target women and girls (United Nations Office on Drugs and Crime, 2018, p. 10)

Being an Indigenous woman or girl, addiction issues, boys, need to belong, homelessness, poverty, past trauma, looking for an escape, lack of parental support, low self-esteem, lack of role models, (twice) and boredom were other factors that put certain demographics at risk of being lured into trafficking. Indigenous girls and 2SLGBTQQIA youth are perceived as easy targets, especially if they are coming from the child welfare system because it is thought that no one will look for these individuals (National Inquiry into Missing and Murdered Indigenous Women, 2019a, p. 660).

Ultimately, it is also very important to note that just about ‘anyone’ can be lured into HT, and individuals from all walks of life can be at risk. Even with evidence pointing to young girls and women from unstable homes, with troubled pasts and those who are involved in high-risk lifestyles being most at risk, there is an increasing number of victims who come from reasonably stable homes, still attend school, and have jobs (Canadian Women's Foundation, 2014, p. 27). Not only have vulnerable and oppressed populations been recruited, but also youth from functional homes, middle and upper-class families, and youth who do well academically.

In the documentary, *Canada a target for human traffickers* by CBC News, Detective Sergeant Nunziato stated, that “girls trafficked can be the girl next door, come from all walks of life, not just marginalized areas, or come from white collar homes” (2017). HT does not discriminate. It crosses all boundaries and all walks of life.

RISK FACTORS FOR BEING RECRUITED INTO HUMAN TRAFFICKING

The researchers noted during the interviews that despite the very long list of potential at risk factors (19) in total, the First Nation communities and Urban Indigenous outreach services were able to identify an additional 22 other at risk factors. In Figure 3.7, all of the CSP departments indicated all at risk factors are prevalent and none were ranked as insignificant. This research supports the value of examining all 19 at risk factors as they are all relevant and need to be considered when assessing an individual for HT. In the ‘other’ category, an additional comprehensive list was created by CSP departments which included; colonization, churches, children in care, troubled family dynamics, lack of parenting skills, lack of information for parents, parents’ addictions, parents from residential schools with trauma, involvement with criminal justice system, fetal alcohol syndrome children and youth, lack of resources, lack of support, loneliness, lack of opportunity, limited transportation, loss of identity, lack of culture and language, transient, unstable housing, family member involved in HT and sexualization of youth.

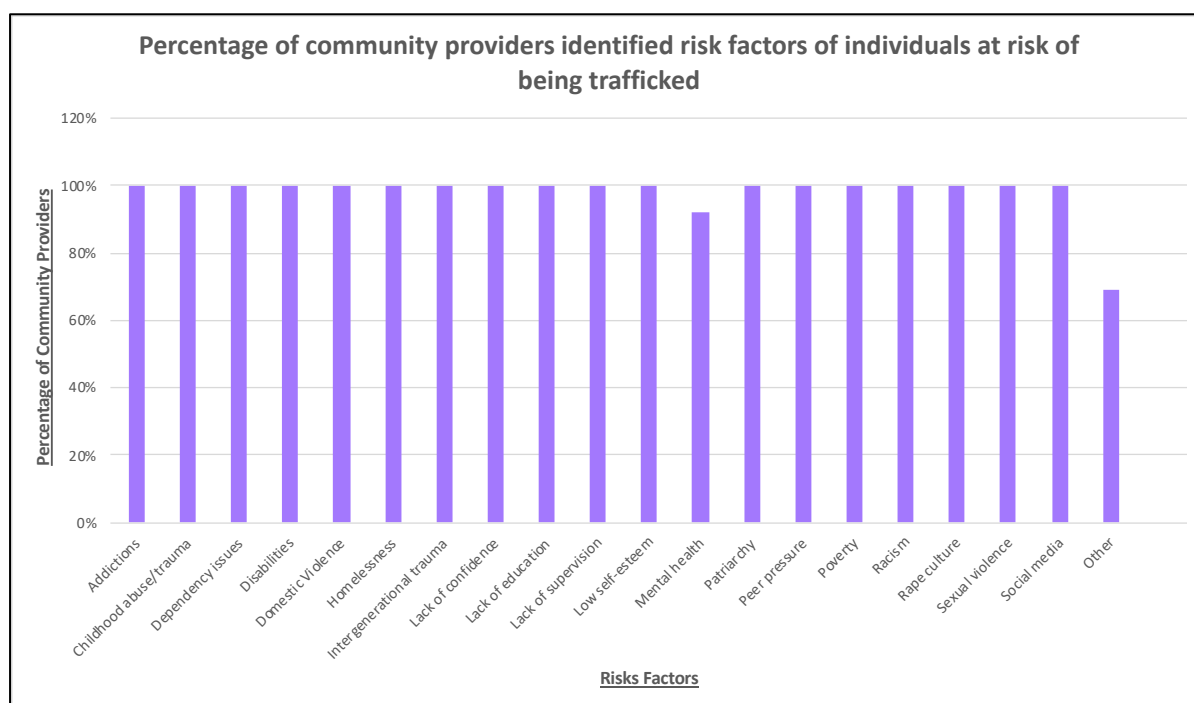


Figure 3.7

Many societal issues put children and youth at risk of being trafficked, there are too many vulnerabilities amongst youth and women to simply categorize and give a definitive answer. Traffickers may use physical force and coercion or power and deception along with exploiting victims' vulnerabilities, to gain control and compliance of victims (United Nations Office on Drugs and Crime, 2018, p. 13). However, vulnerable individuals are often targeted by predators as potential candidates to be lured into HT. There are no indicators that can definitively identify and confirm that this individual is at risk of HT since the list is much too broad. As determined in this research, any number of factors could put an individual at risk, and the CSP are better able to assess their clients for at risk factors once they have developed a trusting relationship with them. Potentially a further in-depth assessment with the client could be conducted using the Family Services of Peel Trauma Screening Training (Appendix 8) to determine at risk factors of clients being lured into HT.

LURING STRATEGIES BY TRAFFICKERS

Indigenous communities and Indigenous outreach CSP believe traffickers persuasively recruit young people and women using different strategies such as:

- Recruitment at social gatherings that could include Pow Wows, sporting events, concerts, parties, bars, schools, malls, family groups and through friends
- Recruitment through social media (potentially 54,000 sites to access with daily changes) different social media sites specifically offering sexual activities, looking for online friendship and offering an online career
- Recruitment through online gaming (i.e., Minecraft, Fortnite, Roblox)
- Recruitment through criminal activities that could include drug dealing, identity theft, fraudulent activities
- Recruitment through mind control techniques that could include : isolation from family and friends, not being allowed out publicly without the trafficker in their presence, lying, manipulating, abuse in all forms, threats of violence to the victim and their family or pets, shaming, not being allowed to make own decisions, use of controlling the use of the victims' ID, money and phone, and debts collected

Other Canadian research studies including Barrett (2013) and Ministry of Public Safety (2018), support these findings of the trafficker's ability to control and dominate their victims (p. 13; p. 4). Psychological manipulation is used to increase victims' dependence on their traffickers while disempowering them to become compliant with instructions (Barrett, 2013, p. 23). The young women and girls are isolated and disempowered by traffickers moving them around and keeping them in unknown locations away from their support system, denying access to basic needs such as food and clothing while under threats of physical and/or sexual violence (Barrett, 2013, p. 23).

First Nation communities and Indigenous outreach services also believe that traffickers are manipulative and trick young people, women and vulnerable populations into trafficking by luring them into providing sex in return for 'something,' that 'something' might come in various offers such as:

- Offers of gifts that could include money, drugs, alcohol, clothes, makeup, accessories, electronics, tuition, nail care, hair styling and jewelry or favours.
- Offers of love that could include: the promise of a relationship (i.e., boyfriend, compliments, romanticizing, improved status, feel that someone cares, same interests, attention, affection, peer pressure to belong, and the promise of the fairy tale life).
- Offers of basic needs that could include: transportation, a place to sleep, security, food and clothing.
- Offers of employment that could include: a job/career, a career in modelling, photoshoots, summer jobs, a job in the entertainment industry, a job as a nanny and a job as a waitress/dancer/stripper.
- Offers of a better life, make your dream come true, marriage, house, and money.

Barrett's (2013) research findings have also determined that traffickers are manipulative in their methods to recruit vulnerable populations in HT (p. 23). The Ministry of Public Safety (2018) stated, traffickers will "target disadvantaged and vulnerable populations including children, adolescent girls, women, Indigenous girls and women, youth in care, runaways and homeless youth, persons with disabilities, refugees and migrant workers, and LGBTQ2 persons" (p. 6-7). Traffickers use stages of grooming to lure in potential victims by creating a trusting relationship through coercion and manipulation. Luring tactics often involve a trafficker creating a romantic relationship with women and girls, making promises about a better life, and often providing gifts to demonstrate affection (Barrett, 2013, p. 23).

SUPPORT SERVICES PROVIDED

The First Nation communities and Indigenous outreach services interviewed identified providing crisis work, networking with resources, transportation and counselling to all their clients, as top priorities for supporting victims/survivors in their communities. They also provide numerous other support services based on the client's needs, which were identified as: survivors advocacy (88%) education (84%), safety planning (80%), police services (80%) and basic needs such as food, shelter and clothing (80%).

It has been identified that crucial services for survivors are in limited supply, such as financial support, affordable housing, and addictions counselling. These same gaps in services are also a challenge for survivors in Sarnia-Lambton and have also been identified by many qualified professionals in Canada who have worked for years with victims and survivors of HT. In her book, *Out of the Shadows*, the author, Timea Nagy specifically prioritizes the need for safe housing for survivors (Nagy & Moroney, 2019, p. 8). The Manager of Education, Training & Research from ANOVA Women's Centre in London, AnnaLise Trudell reinforces how, as a community, we need to understand the gaps in services to better support survivors. During a presentation in Chatham, ON in October 2018, Trudell emphasized how important it is to meet the needs of survivors without penalizing them.

The interview questions included an 'other' services category, which allowed the CSP to identify the unique services they offered to better meet the needs of survivors in their communities. The information gathered in the 'other' category was extensive and culturally sensitive; therefore, the services identified were put into four (4) categories:

- 1) Traditional Healing including cultural healers, cultural support, cultural teachings, spiritual support, ceremonies, smudging, full moon ceremony, women's drumming

groups, cedar baths, fasting, learning their language, Elders guidance, and healing lodges.

- 2) Life skills including vocational and educational support, financial help with budgeting, prevention strategies for young people, anger management.
- 3) Counselling including coordinating and navigating support for survivors and building trust, provide office space for outside professionals to offer counselling, trauma training for staff and development of a trauma team.
- 4) Crisis Support including emergency safe housing, financial support, infection prevention and transportation, gas money and legal guidance.

In the article, *Domestic Sex Trafficking of Aboriginal Girls in Canada: Issues and Implications*, participants highlighted the importance of programming for young girls who have exited a trafficking situation to help equip them with strategies and supports to prevent them from being re-trafficked (Sethi, 2010, p. 219- 220). Participants from this research also stressed the need for culturally relevant services that are long-lasting for successful transitioning after exiting trafficking (Sethi, 2010, p. 220). These services included, “culture-specific, safe transitional housing for survivors and their children, healing centres and shelters to meet needs of survivors, and adequate child welfare managed by Indigenous organizations” (Sethi, 2010, p. 220).

GAPS IN SERVICES

Identifying gaps in services is one of the most important areas for communities to explore to meet the needs of their citizens. In this research, First Nation CSP departments identified the gaps in services they believe were potentially occurring for victims and survivors of HT in their communities.

The number one (1) gap in service identified was the need for more public awareness, public education and training for staff working in both the health, justice and social services field. Specific attention is needed to provide education to youth and all community members. The CSP departments believe that more emphasis on education also works as an effective prevention strategy. It was identified that there needs to be a broader conversation on the topic, to break down myths and stereotypes. Help people feel comfortable and safe to talk about this invisible social problem. Timea Nagy, from Timea's Cause an anti-HT program in Toronto, ON, promotes the need for education and awareness, Timea's Cause offers extensive training workshops, public speaking, special events and manuals to raise awareness on how to combat human trafficking (Timea's Cause, 2014). The need for more awareness and education for both Indigenous and Non-Indigenous communities across Canada is required to better understand the struggle of exposing the problem of HT.

The second largest gap in service identified was the need for housing. Safe housing would need to be suitable for the needs of an Indigenous HT survivor, it could include emergency and long-term housing, addictions counselling and a life skills program at one location. Transportation to most shelters creates a challenge of getting an individual to a place of safety. Only one of the three Indigenous communities in Lambton County has an emergency shelter. Walpole Island's emergency woman's shelter, Three Fires Ezhignowenmindwaa, provides short term emergency safe housing for women and children who have experienced domestic violence. They provide cultural support and traditional healing for their residents. Suzanne Isaac, Supervisor of the shelter stated they would always do their best to provide emergency shelter for women at risk and would accommodate a HT victim (personal communication, February and June 2020). The shelter's focus has not been to house HT victims and survivors in the past as it has not been on their radar, but staff recognizes the growing need to adapt and meet this need in their community (S. Isaac, personal communication, February and June 2020). However, Issac

expressed concern that their staff would need more training on how best to support a HT resident in the home specifically with addictions and trauma counselling (personal communication, February and June 2020). Isaac believes the shelter needs to explore the use of a pre-assessment screening tool at the intake level to determine if clients are a victim of HT (personal communication, February and June 2020). This assessment tool would help their staff ask the right questions when assessing clients at intake, as most clients themselves usually do not know they have been a victim of exploitation and trafficking, and as a result, are not likely to share this with an intake counsellor (S. Isaac, personal communication, February and June 2020).

Another challenge the shelter faces is the policy regarding abstinence of alcohol and drug use while living in the home to ensure the safety of residents and staff. Knowing a large percentage of trafficked women and girls live with addiction, they would have to refer them to a detox centre prior to admitting them to the shelter (S. Isaac, personal communication, February and June 2020). All the staff from Ezhignowendmindwaa participated in this research study and are committed to supporting women and children who have exited trafficking. They also expressed interest and motivation to learn more about this invisible problem.

Currently, Atlohsa Family Healing Services in London, ON provides services for “community members with Indigenous-led programming and services that offer holistic healing, education, shelter and support” (2019a). Atlohsa Family Healing Services offers culturally enriched programs and services including an educational program for men addressing issues of abuse, a medicine wheel program that focuses on learning more about culture and traditions, a women’s support program for women who are at risk of violence or living in an abusive relationship, and “Okaadenige,” a private circle for HT survivors, offering a prevention, awareness and support program combined with traditional knowledge and teachings (2019a). Altosha Family Healing

Services also provides emergency shelter and for Indigenous women and their children who are at risk of violence, abuse and/or homelessness (2019b). Anduhyaun Inc. (2018) in Toronto, ON, also offers emergency shelter for HT survivors with Indigenous cultural support and programming.

Other Indigenous-led women's shelters for HT survivors are located in Northern Ontario which includes: Ojibway Women's Lodge in North Bay, ON, New Start emergency shelter in Red Lake, ON and The Rainy River Social Services Administrative Board also offers emergency shelter for women and Children in Fort Francis, ON. Closer to Lambton County in Southern Ontario, there are other emergency shelters for HT survivors but they do not offer specific indigenous cultural awareness and healing programs. These include Farmtown Canada in Alymer, ON, Covenant House in Toronto, ON, The HOPE program in Richmond Hill, ON, A New Day Youth and Adult Services in Ottawa, ON and RESET Society of Calgary, AB; all are also excellent examples of successful safe transitional housing, healing and life skills programs for HT survivors. These residential programs focus on restorative healing by helping to rebuild lives through trauma-based counselling and assisting in developing individual strengths of survivors.

The need for a similar model of safe transitional housing care in Sarnia-Lambton and its First Nation communities would be welcomed by CSP departments. Currently, there is a severe affordable housing shortage in southern Ontario and it is a daily challenge for both health and social service providers to support vulnerable populations when they are faced with homelessness, living in emergency shelters and couch surfing. Survivors may be lured into HT and exploited due to lack of housing and needing a place to sleep. Survivors' vulnerability is compounded by the lack of affordable housing, specifically emergency and transitional housing which is almost non-existent. Hence the recent Federal Government's announcement by the Indigenous Services Minister Mark Miller, who announced, "Ottawa will spend \$44.8 million over

five years to build 10 shelters across Canada, and \$40.8 million to support their operational costs and an additional \$10.2 million annually to fund First Nation communities to help women and children fleeing violence” (The Canadian Press, 2020).

The third largest gap in service identified was the need to provide support programs specifically offering counselling for HT survivors. A priority is to have a designated counsellor in the community who has a non-judgemental approach and is a specialist working with HT victims and survivors. Also, the counsellor could help support parents of survivors who have been exploited and trafficked. Office space for counselling is also at a premium in most communities and the need for more safe and confidential counselling rooms is a necessity. Clinical supervision for all community-based services would help staff identify victims and survivors and provide appropriate counselling and support. It is also important that counselling is culturally sensitive and provides traditional knowledge and teachings, including traditional healing services. For survivors who have experienced extensive trauma and previous abuse, they may require long term therapy and support.

All three (3) First Nation communities social service departments along with local outreach services provide short term crisis counselling that is available through, social services, healthy babies program, health services, and mental health and addiction counselling which is extremely helpful for a first point of contact. However, the CSP departments believe there is a need for free trauma counselling which is paramount in a survivor’s healing journey.

The fourth largest gap in service identified was a lack of cultural support services, teaching circles, cultural gatherings, religious rituals and ceremonies, storytelling, medicines, language and healing that have been lost within the Indigenous culture. “The seven grandfather teachings- humility, courage, respect, love, honesty, truth and wisdom are an ancient way of

recognizing the principles required to live a good life. They incorporate all levels of our being the physical, the emotional, the mental and the spiritual” (Wagamese, 2019, p. 27). The CSP departments interviewed believe strongly that the time is now, it is time to rebuild their people and their culture. When this happens, they will be working together with a common purpose to heal.

As Richard Wagamese gently puts it in his last book, he authored,

“Ceremonies will help me learn my way to the identity I had lost so long ago. Ceremonies engender feeling. The medicine power of ceremony, then, is humility, living with the heart, being out of our minds. Ceremonial life was the pathway to my healing” (2019, p. 85).

Also, the desire to make their communities safe to protect youth and children was very important to all CSP departments interviewed. They believe youth and children are vulnerable to being lured and recruited into HT. CSP departments identified that Pow Wows can even be a place of recruitment by traffickers.

Additional gaps in services identified in this research included the need for:

- Detox and addiction counselling services— difficult to keep people clean
- Addressing systemic poverty
- Transportation services
- More funding for programming and prevention
- A community protocol for a step by step process when working with an HT victim/survivor

In conclusion, the First Nation communities and local urban Indigenous outreach CSP reported they do not always know which clients who are coming for counselling, have been sexually exploited in the past. Having a trauma assessment screening tool, can be used collaboratively by all CSP departments to ensure a greater understanding of the extent of the problem, as clients are more likely to share their experience, if the right questions are asked in the context of a trusting relationship with the therapist. A screening tool used collaboratively by all agencies will ensure consistency across the community. It will also allow for linking survivors to appropriate services and supporting them at their time of need (See Appendix 8—Family Services of Peel Trauma Screening Training). All the survivors interviewed in this research shared diverse past trauma experiences before being recruited into HT, having a trauma-informed lens as a practitioner, ensures a more effective counselling relationship which is instrumental to a survivor's healing journey

THE CONSUMERS OF HUMAN TRAFFICKING

A consumer (aka John) is an individual who purchases sex. The research team explored with the Indigenous communities and Indigenous outreach CSP their knowledge about who they believe are consumers in their community. The majority of CSP stated the consumers of HT could be 'anyone;' any age, any race, any ethnicity, any socio-economic background. The risks of labelling groups of consumers could potentially leave a demographic group out.

All three (3) First Nation communities consistently face challenges unique to their geographical location that could put vulnerable populations more at risk of exploitation into HT. Both Aamjiwnaang and Walpole Island are located on the St. Clair River across from Port Huron and Marine City, Michigan, US borders. These communities have relatively easy access to the American border by boat, ferry or car. There is great potential for American consumers to access vulnerable people, secretively and anonymously, by a short boat or ferry ride across the

river into Canada. Walpole Island and Kettle and Stony Point communities have the challenge of isolation with limited access to urban centres for services due to a lack of transportation.

Aamjiwnaang is located right next to a large industrial park. Several months each year, many industries require numerous outside contracts that brings in out of town workers to Sarnia-Lambton. Workers who are away from home live in local hotels, this influx of transient workers, where the consumer can be secretive and anonymous can put a demand on the sex trade industry and thus potentially putting vulnerable people at risk.

The Indigenous communities and Indigenous outreach CSP departments did not believe they could give a typical profile of a consumer, believing that a consumer could ultimately be 'anyone.' These local research findings are consistent with the observation supported by Chatham-Kent OPP Detective Sergeant Kimberly Miller who also identified consumers "as anyone and everyone, consumers can be from any profession" (personal communication, January 2019). It was evident in this research, that the consumers are predominantly males. The majority also reported that the consumer could be Non-Indigenous and as well as Indigenous. Many also stated the consumer could be linked to the drug trade and be very controlling.

STRATEGIES TO REACH CONSUMERS

The First Nation communities and Indigenous outreach services identified strategies to reach consumers to prevent the growth of the hidden problem of HT. Part of this research wanted to explore what can be done preventively to deter the buyers of the sex industry. Ideally, if you can reduce the demand, then eventually you can reduce the supply to protect vulnerable populations from exploitation. The cycle of exploitation of women is sustained by consumers who purchase sex and play a crucial role in the fast-growing sex trade industry and sex

trafficking (Gregorio, 2015, p. 632). Consumers who purchase sex are also referred to as buyers, johns, clients, or sex consumers (Canadian Women's Foundation, 2014, p. 15).

From criminal law to social deterrents, there are many controversies as to what would work best to address the demand side of purchasing sex. The Indigenous communities and Indigenous outreach CSP shared their ideas on how best to address this problem.

The first strategy was once again primarily focused on public awareness and public education:

- Humanize the industry by putting a face on a victim, indicating that this girl could be your niece, neighbour, babysitter and personalizing it to the consumer
- Social media awareness campaign
- Print media awareness campaign including billboards, posters in bathrooms, news ads and commercials, pamphlets, newsletters, signs, TV, and radio ads. One (1) CSP stated, "it's time to bombard the public with an awareness campaign."
- Talk about it openly, break down the taboos and stereotypes as to who is the victim
- Education for consumers that many victims are not voluntary participants but are coerced, threatened and controlled by a trafficker to participate and to understand the victim does not get the money
- Public awareness at celebrations including Pow Wows
- Training programs for the ferry, border workers and other businesses and employees, make it mandatory for all employees to complete an online training module on HT

The second preventative strategy with consumers is to enhance traditional values:

- Teach traditional values to our children and youth
- Encourage the circle of care with everyone

- Teach respect, traditional culture, values and belief system
- Teach healing through healing lodges, ceremonies, etc.
- Encourage land-based activities for men
- Encourage people to share their stories, and see the person first
- Help men heal, support them and encourage them to seek help
- Address racial injustice and discrimination
- Trauma focused counselling to help with healing

The third preventative strategy with consumers is to create a safer community. The CSP departments stated it is important for survivors to feel safe and reach out for support and help in their community. Telling their story helps survivors move towards changing their life and healing. They also believe it is important that their community is safe and want to watch for strangers who are seeking out their vulnerable populations for possible exploitation.

The First Nation communities can look to efforts made by other Indigenous communities across Canada on how best to prevent men from buying sex. Education and awareness are prevalent strategies. A good example comes from Atlosha Family Healing Services in London, Ontario which offers a men's support group called *Kizhaay Anishnaabe Niin*, which is Ojibwe for 'I am a Kind Man' (2019a). This program is "based on the Seven Grandfather teachings and reminds us that violence against any woman has never been acceptable amongst native cultures" (Atlosha Family Healing Services, 2019a). The purpose of the program is to engage Indigenous men to speak out against all forms of abuse towards women (Atlosha Family Healing Services, 2019a). It uses a "culture-based and holistic approach, to provide education for men to re-establish traditional roles and responsibilities and to support native men who choose not to use violence" (Atlosha Family Healing Services, 2019a). Through self-awareness and traditional

teachings, men learn life skills to live a healthy, balanced life while reclaiming a sense of belonging and cultural identity (Atlosha Family Healing Services, 2019a).

First Nation communities would benefit by working collaboratively on the prevention strategies to combat HT. This research has made every effort to be survivor informed and victim-centred to protect vulnerable populations. It is hoped that as the public becomes informed about this complex and social issue, they will become more aware of the long-term damaging impact of exploiting people. It is hoped that awareness of HT, will act as a possible deterrent for purchasing sex by consumers.

STRATEGIES FOR COMBATTING HUMAN TRAFFICKING

According to *Reclaiming Power and Place*, the Final Report of the National Inquiry into Missing and Murdered Indigenous Women and Girls (2019a), in order to be capable of addressing the violence against women and children the solution is within the communities to recognize the power and responsibility of relationships (p. 93). Through those relationships, we can come to understand the underlying causes of violence to identify and implement the steps that must be taken to end violence. There is a need to work in partnership with governments to achieve better outcomes, with loss comes consequences to the wellbeing of everyone. It is of utmost importance in the fight against violence to strive for health, justice and safety (National Inquiry into Missing and Murdered Indigenous Women and Girls, 2019a, p. 90).

The Government of Canada (2019) has developed a new five-year initiative entitled *National Strategy to Combat Human Trafficking*, which includes enhancing efforts in priority areas as follows:

- “rehabilitating victims and survivors and the promotion of culturally-sensitive approaches,
- aiming to increase awareness so Canadians can better understand the warning signs,

- increasing intelligence and data collection capacity,
- supporting law enforcement and the criminal justice system,
- enhancing federal procurement practices, strengthening partnerships across all levels,
- helping to advance gender equality and benefit marginalized and vulnerable groups,
- to be responsive to the *Calls for Justice in Reclaiming Power and Place: The Final Report of the National Inquiry into Missing and Murdered Indigenous Women*,
- supporting the development of culturally-relevant support services for Indigenous survivors,
- developing awareness and training tools for targeted groups in key sectors to help better identify victims,
- and promoting culturally-sensitive training and awareness for law enforcement” (p. 7-8).

The First Nation communities and Urban Indigenous outreach services have identified ‘four (4) priorities’ and services needs to help combat HT in their communities. Their priorities are as followed.

The ‘first priority’ from all the CSP departments and Urban Indigenous outreach services interviewed, is to increase public education and awareness on HT. They highlighted the need for more emphasis on education to children and youth in the schools about warning signs, recruitment tactics and manipulative behaviour by traffickers. This education would be a part of a community-wide prevention strategy. HT needs to be talked about more openly with everyone, countering the notions of the glamorized sex trade industry that is promoted on social media sites. The CSP departments also identified having more speakers and education sessions for community members including a learning module on HT in life skills sessions. First Nation face the challenge to provide more HT awareness which is similar to challenges faced in Sarnia-

Lambton and across Canada. Creating more effective awareness and educational programs could be implemented through interactive and inclusive processes that acknowledge the lived experiences of Indigenous peoples (Sethi, 2010, p. 218). Sarnia-Lambton's First Nation communities could benefit from a community action plan to raise awareness on issues increasing the vulnerability of Indigenous women and girls and others to sexual exploitation and trafficking. Preventative programs need to be designed to mobilize young Indigenous girls by talking about the dangers of HT while increasing collaboration with on and off-reserve peoples (individuals living in and outside of the community) to keep young girls connected to their culture (Sethi, 2010, p. 219). Top priorities have been identified as the lack of awareness and the need for education and training for the general public, parents, school-aged children, and service providers (Nagy et al., 2018, p. 7).

In 2019, ONWA also reported the need for awareness and education as identified in their anti-HT framework. The framework includes a system of policies, programs, and services that need to be designed from an Indigenous perspective and to take into account a gendered analysis of HT (Ontario Native Women's Association, 2019, p. 30). It recommends prevention education to inform and support youth to make healthy self-respecting choices and to encourage families and parents to seek help to raise their children to value themselves and to make good choices (Ontario Native Women's Association, 2019, p. 30). Prevention education can have traditional teaching, cultural activities, and ceremonies that can be woven in (Ontario Native Women's Association, 2019, p. 30). Prevention strategies are essential to protect women and children in communities when we know that "poverty and addictions are chronic issues Indigenous women and girls face, often forcing them to offer sex in exchange for meeting basic needs" (National Inquiry into Missing and Murdered Indigenous Women and Girls, 2019a, p. 661). They also identify the role communities play in prevention by supporting open dialogue about difficult issues to encourage survivors and their families to share their lived experiences and suggest

supports to avoid trafficking situations (Ontario Native Women's Association, 2019, p. 30).

The Native Women's Association of Canada (NWAC) in their study from 2014 also validates the need for education in the schools. It recommends "strategies in schools/educators with access to the latest research on increasing student retention as well as creating culturally-relevant pedagogy/curriculum to better meet the needs of students and to stay in school and graduate as a priority" (Native Women's Association of Canada, 2014, p. 18). NWAC also recommends that workshops be provided to educators and staff in schools so they can identify warning signs that children may be abused or sexually exploited (Native Women's Association of Canada, 2014, p. 18). Teachers can then take action and connect potential victims to relevant supports and counselling they may need. Schools can offer classes or learning modules about acceptable relationships and options to exit unhealthy circumstances (Native Women's Association of Canada, 2014, p. 19). The schools, however, will require funding to carry out these education initiatives.

The Royal Canadian Mounted Police's (RCMP) National Action Plan to combat HT is a Canada wide awareness campaign. They are actively involved in public awareness and have prepared a toolkit for a youth education strategy (2019). This youth education strategy helps to encourage more in-depth discussion with youth and identify their needs. It engages youth to be active in brainstorming and creating their own prevention initiatives for their community. Raising further awareness about the possibilities for change can only help individuals, families, communities, move towards healthier practices and relationships.

The 'second priority' is to have more support services available in their communities. This could include a specific HT counsellor who would conduct intakes and identify at risk victims and

initiate harm reduction strategies to help them exit or escape their trafficking situation. The counsellor would have expertise working with trauma, be non-judgemental and provide clinical consultation to other staff members. The counsellor would also need to be able to support the survivor with cultural sensitivity and provide traditional teachings and healing in their therapeutic approach. This need was echoed in Nagy et al.'s (2018) research regarding the importance of the Grandfather Teachings to address intergenerational trauma that was also highlighted by Indigenous participants and representatives (p. 7). The counsellor would need to provide support and flexible in setting up programming, as trafficked women are dealing with multiple traumas, abusive backgrounds, and all too frequently are struggling with addictions.

Programs that only address one trauma may be inadequate to meet the very real and pressing needs of women who have been trafficked (Native Women's Association of Canada, 2014, p. 21). They need to build survivors' self-esteem through life skills, has been reported back by survivors about their newfound confidence. The survivors interviewed in this research study had all experienced some type of trauma prior to being recruited and exploited in HT, this validates the need for trauma informed counselling when working with survivors. Counsellors have helped survivors develop soft job skills training, continued education, and connections to other educational opportunities that have helped them set long term goals and make changes in their lives (Native Women's Association of Canada, 2014, p .21).

Any First Nation community can utilize ONWA's Framework as a template for action which focuses on using culture-based, gender-based and a trauma-informed approach to counselling (Ontario Native Woman's Association, 2019, p. 30). The framework is best delivered in a seamless wraparound approach, which is essential to have collaboration and training among service providers to ensure services are provided in a culturally safe, trauma-informed,

collaborative way (Ontario Native Woman's Association, 2019, p. 30).

More support for funding this initiative is required to help ensure dollars are available to support an anti-HT framework and to hire a HT counsellor. They need to also provide the counsellor with a confidential office space where victims/survivors feel safe on their healing journey. The counsellor could also assist with the development of a community protocol for HT. The National Inquiry into Missing and Murdered Indigenous Women and Girls (2019a) indicated that counselling services for Indigenous people need to include, "having access to other services, such as health care, counselling, addictions services, and legal services; opportunities and spaces in which to learn and practice traditional culture and language; and improved response from the police in recognizing the knowledge held by sex workers" (p. 667-668). Increasing funding for culturally-relevant support services for Indigenous women and girls and other vulnerable individuals, could potentially help them escape trafficking.

The 'third priority' emphasized the need to allow for healing for both men and women who have been exposed to trauma and violence in their lives. The ONWA suggests looking at broader issues, such as racism, poverty, child welfare and colonization, as they all play a role in creating conditions where exploitation and HT can occur (Ontario Native Woman's Association, 2019, p. 23). According to the National Inquiry into Missing and Murdered Indigenous Women and Girls (2019a), initiatives led by survivors are essential (p. 667). Indigenous communities and Band Councils could look to their survivors for their insight, wisdom and understanding of the problem to help initiate programs and services that will impact changing survivor's lives. The communities also expressed the need to come together and work as one. Richard Wagamese, author of *One Drum*, wisely stated the need to work together is vital for all Indigenous communities, "the most profound truth in the universal heart beat we all seek is connection. We

are all one drum and we need each other” (2019, p. 24).

The ONWA also recommends three objectives to implement to help address HT and exploitation of vulnerable Indigenous populations as:

- “building agency, community and survivor capacity,
- supporting the proposal and program development
- and supporting Indigenous-specific prevention and awareness” (Ontario Native Women’s Association, 2019, p. 8).

The overall objective for the ONWA Liaison Project was “to build agency, community and survivor capacity, support proposal and program development, and support Indigenous-specific prevention and awareness” (Ontario Native Women’s Association, 2019, p. 4).

The ‘fourth priority’ is to ensure their communities are safe and protect vulnerable populations from traffickers (or strangers) coming into the community to recruit new victims. Vulnerable populations need to be taught safety planning when they feel at risk. Engaging the youth through open discussions can help determine obstacles and solutions that could prevent or assist in exiting sexual exploitation and trafficking. Conduct long-term tracking on support programs to measure impacts and success rates for the different services (Native Women’s Association of Canada, 2014, p. 20). Funding more research with the focus being on Indigenous women and girls in Canada’s domestic trafficking, including examining the needs of Inuit, Métis, and First Nation women and girls (Native Women’s Association of Canada, 2014, p. 20). To ensure a safe community, emergency housing, and safe spaces for Indigenous people exiting trafficking is a necessity. Safe housing must be away from dealers, gang areas, and other aspects of the life they are trying to leave behind (Native Women’s Association of Canada, 2014, p. 20). Three Fires Ezhignowenmindwaa Women’s Shelter on Walpole Island currently

provides emergency safe housing for domestic violence in their community specifically for women and children. However, it has challenges to meet the needs of all vulnerable populations, and they were not initially designed to accommodate HT victims (S. Isaac, personal communication, June 2020). Suzanne Isaac, the Supervisor of the Three Fires Ezhignowenmindwaa Women's Shelter, identified the need to develop a pre-screening assessment tool for their intake process so they can better identify victims (personal communication, June 2020). They also identified the need for more addictions and trauma training so they are better able to support the survivors in the residence (S. Isaac, personal communication, June 2020).

To ensure a safe community, the First Nation communities and Urban Indigenous outreach services also expressed the need to keep drug dealers out of their communities and away from children, youth and other vulnerable populations. They identified that police require more training and support so they can do surveillance to track down and charge traffickers. First Nation police services are often understaffed, underfunded, under-resourced and have unsafe working conditions which results in an inability to respond appropriately and to investigate violence against and exploitation of Indigenous women, girls and 2SLGBTQQIA people (National Inquiry into Missing and Murdered Indigenous Women and Girls, 2019a, p. 690).

According to the National Inquiry into Missing and Murdered Indigenous Women and Girls (2019a), police services have failed to ensure that there is protection and justice for Indigenous women and girls (p. 690). Indigenous people are vulnerable to racial profiling by police so their calls for help are often unheard and thus do not receive the same access to the justice system as non-Indigenous people (National Inquiry into Missing and Murdered Indigenous Women and Girls, 2019a, p. 690). A failure to illicit confidence due to the lack of police accountability and transparency has resulted in distrust between police and Indigenous people (National Inquiry

into Missing and Murdered Indigenous Women and Girls, 2019a, p. 690). During the Inquiry, the RCMP issued an apology for its failures to provide adequate policing to Indigenous people and for the way these failures contribute to violence against women and girls (National Inquiry into Missing and Murdered Indigenous Women and Girls, 2019a, p. 674).

Most individuals underreport sexual violence and intimate partner violence to the police. This is due to a sense of a lack of protection and safety within their community after reporting (National Inquiry into Missing and Murdered Indigenous Women and Girls, 2019a, p. 690). Chronic underfunding of Indigenous police services continues to be a challenge (National Inquiry into Missing and Murdered Indigenous Women and Girls, 2019a, p. 687). Police officers rarely work with a partner, do not have proper safety backup or specialized unit support, are always challenged to keep the communities safe and lack the tools to do their job (National Inquiry into Missing and Murdered Indigenous Women and Girls, 2019a, p. 688).

A major challenge faced by police supporting Indigenous communities is the lack of 'wraparound services' such as mental health support, health care, housing, social services and cultural support (National Inquiry into Missing and Murdered Indigenous Women and Girls, 2019a, p. 685). This is especially prevalent in northern rural communities, where due to a lack of other services, police are forced to respond. Lack of services for youth makes them vulnerable to get involved in deviant behaviour. It is important for youth to have access to programming, addiction services, jobs and places to go (National Inquiry into Missing and Murdered Indigenous Women and Girls, 2019a, p. 686). A lack of victim services is a challenge in northern and remote communities because victims need to feel continuously supported in crisis and through the court process (National Inquiry into Missing and Murdered Indigenous Women and Girls, 2019a, p. 686). According to the National Inquiry into Missing and Murdered Indigenous Women and Girls (2019a),

“While police are eager to have women report violence, there still needs to be significant trust and education built. Many of the barriers experienced by Indigenous peoples are rooted in the police’s justice system’s response to Indigenous Peoples from a place of limited to no understanding of the complex historical relationships, as well as the intergenerational trauma among Indigenous peoples” (p. 631).

NWAC also recommends that police, officers of the court, and other service providers are given trauma training and training on domestic trafficking, recruitment methods, addictions trauma, and knowledge and awareness of victim backgrounds (Native Women’s Association of Canada, 2014, p. 20). Also, there is a need to provide gender and culture sensitivity training for officers on trafficked individuals and women who work in the sex trade so that police can be better seen as advocates and protectors rather than further traumatizing women and girls through arrests and blame (Native Women’s Association of Canada, 2014, p. 20). It is hoped that this awareness training will help police be more approachable to victims bringing out their caring and compassionate side. This could open the door for victims to feel safe to trust the police and reach out for help.

Additional recommendations from the CSP departments was to have better access to detox and addiction treatment programs. CSP departments believe that often drug abuse is at the core of the problem. Ideally, survivors are best served in a combined safe housing situation that offers detox and addictions rehabilitation as well as life skills similar to the RESET Calgary and New Day program in Ottawa, ON. CSP departments also identified the need for safe housing, and a mentorship support program by Aunties and Uncles. Overall, there is a need to improve policies and procedures to reflect the needs of HT survivors and to support women in their changing their lives.

ONWA developed a six-part strategy that is rooted in relationship and collaboration with the key points of identifying victims and removing barriers to ensure they become survivors (Ontario Native Women's Association, 2019, p. 32). This six-point strategy has a focus on safety through:

1. "survivor-centred and survivor informed services that are culture and gender-based and delivered with a trauma-informed approach,
2. prevention through education, training and public awareness campaigns, both in print and in person, targeting those who are most at risk and those who can respond first to the signs, namely peers, parents and educators,
3. access to safe and respectful spaces at service delivery agencies that offer women only programming so that women can speak openly and without fear, about their experiences,
4. core supports for transitioning to a new life, including emergency funding for immediate relocation, which is delivered in an expedient and efficient manner to ensure women and girls have no wait times to safety,
5. evidence-based policy and system reform, informed by survivor expertise and the inclusion of Indigenous women in ONWA's multi-partner collaborative network that works across government, disciplines and professions, and
6. streamlined supports offered through a barrier free simplified process" (Ontario Native Women's Association, 2019, p. 32).

Sarnia Lambton's First Nation communities may want to consider implementing a similar strategy in their efforts to help combat HT.

All priorities identified by CSP departments are designed to help ensure that Indigenous communities are a safer place for vulnerable at risk populations. The chronic history of abuse, racial injustice and oppression faced by Indigenous people requires long term and flexible

programming to support them on their healing journey. This will need the collaboration of all key stakeholders to work together on an action plan that includes culturally enriched Indigenous-led programs. It cannot be overstated that it is of utmost importance to recognize that the survivors hold the expertise on what services they need to find safety and justice (National Inquiry into Missing and Murdered Indigenous Women and Girls, 2019a, p. 667). These challenges can be addressed with a strong commitment to end racial injustice and obtaining support from Band Councils, guidance from Elders, insight from survivors, leadership from senior managers working in the health, police, justice, community services and social service departments.

First Nation communities need reliable and consistent funding for these initiatives as the work requires adequate support. Recently, during the COVID-19 pandemic, Indigenous Services Minister Mark Miller announced, “Ottawa will spend \$44.8 million over five years to build 10 shelters across Canada, and \$40.8 million to support their operational costs and an additional \$10.2 million annually to fund First Nation communities to help women and children fleeing violence” (The Canadian Press, 2020). Prime Minister Trudeau followed this announcement with a commitment to support families stating, “no one should have to stay in a place where they are unsafe, no one should be forced to choose between violence or homelessness. These new shelters will offer a path forward when people need it most” (The Canadian Press, 2020). An additional \$75 million was earmarked for urban Indigenous friendship centres to help support vulnerable populations (The Canadian Press, 2020). Many members from Indigenous communities live in urban centres (referred to as Urban Indigenous) and can access support through Indigenous outside CSP and non-Indigenous services. It is hoped that some of these new funds will be directed to Lambton County’s Indigenous communities and the Sarnia-Lambton Native Friendship Centre to help address housing and other issues related to HT survivors. Furthermore, a recent announcement on March 6, 2020, Ontario’s Premier, Doug Ford also promised to invest \$307 million in the next five years into fighting HT in Ontario

(Government of Ontario, 2020).

Each First Nation community is gifted with motivated and dedicated CSP departments and leadership that is open to change. Openness to encourage survivors to share their experience and knowledge to help run support programs and services is required. Native Women's Association of Canada strongly encourages survivors to play a role in facilitating change in their community.

"No one knows more than them about what it takes to survive and exit sexual exploitation and trafficking. Not only do they provide vital information for the success of programs and services, but they are also one of the best ways to reach and motivate trafficked women who often see them as role models of the change these women may be seeking in their own lives" (2014, p. 21).

Research Analysis of Community Members

Exploring the Knowledge, Gaps in Services, Prevention Strategies and Support Services to Combat Human Trafficking



“Women Empowerment”
Sherry Russel

*The message of the painting is “that praise is fleeting
and only in the moment when it comes from others!
Authenticity is forever! So do not ever let anyone take
your dreams away!*

– Sherry Russel

EDUCATION AND TRAINING

53 Indigenous members from Sarnia-Lambton's three (3) First Nation Communities participated in this research project. Band member participants included Walpole Island First Nation-Bkejwanong Territory, Aamjiwnaang First Nation Chippewas of Sarnia and The Chippewas of Kettle and Stony Point First Nation as well as five (5) off-reserve Indigenous members from the SLNFC. A total of 58 Indigenous members participated in this research study. Participants shared any opportunities they have had to learn about HT. 59% of the members stated they had received some HT education, 26% stated they had not had the opportunity, and 15% did not respond.

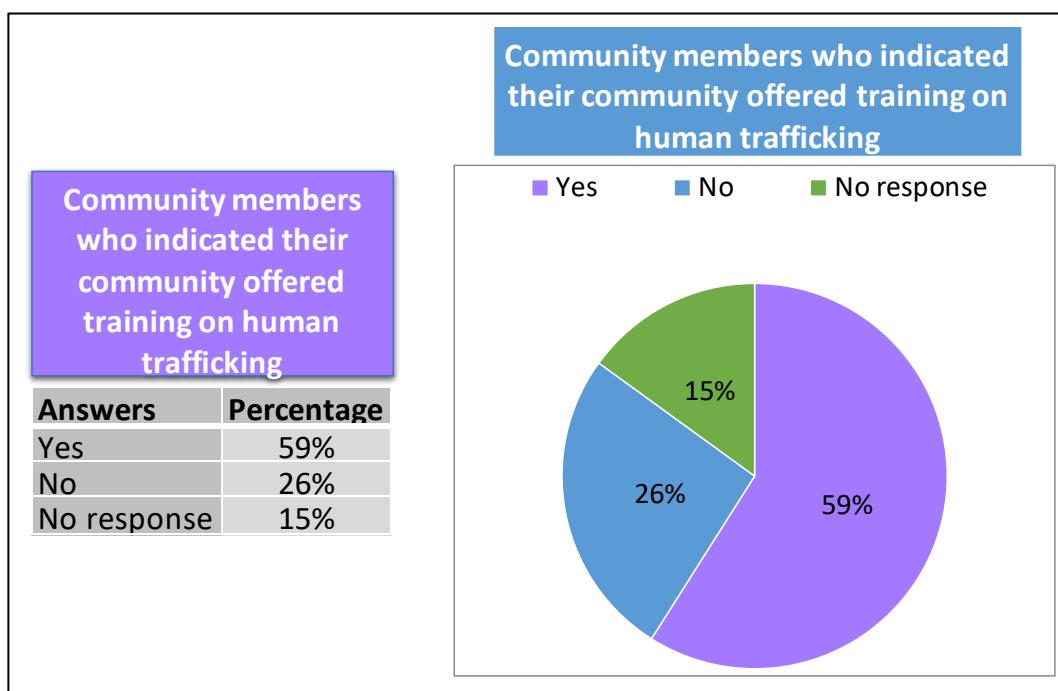


Figure 3.8

The research team did five (5) collaborative HT education sessions with the SASC in May and June of 2019 and February 2020. In total, 58 participants attended one of the First Nation communities' sessions. An education session was also offered for urban Indigenous members at the SLNFC. Many of the members who attended these education sessions also participated in this research study.

Other training opportunities on HT have also been provided by a variety of resources from both the Indigenous and Non-Indigenous communities including:

- Aamjiwnaang Health Centre
- Chatham-Kent Community Health Centre
- Three Fires Ezhignowenmindwaa Women's Shelter from Walpole Island
- Independent First Nation HT workshop
- Kettle and Stony Point Family Wellness Department
- Trauma Informed Indigenous Human Trafficking Training Workshop by Maya Chacaby, an Indigenous Survivor from Toronto, ON
- Family Services of Peel Trauma Screening Training at Aamjiwnaang hosted by SASC
- SASC

Some of the participants indicated this education session, was the first opportunity they had to learn about HT.

All community members were asked to select the best definition of HT in a multiple-choice question. 69% selected the correct response. Participants were also asked to select the best definition of sexual exploitation, in which 72% selected the correct response. These responses demonstrate a good knowledge of the issue in the community with room for more education and awareness for all members.

The research team inquired about the current knowledge they have about HT with three true/false statements. In the first question, members were asked to respond to the statement, "Trafficking victims are foreign Nationals or are only immigrants from other countries." 86% selected false (the correct answer). This finding indicates the majority of community members

understand that HT is predominantly a domestic issue. This finding is supported in other research studies specifically by the United Nations Office on Drugs and Crime (2018) which, recognizes most victims of trafficking are identified in their country of citizenship (p. 9). It also notes the number of domestic trafficking victims has increased over the past fifteen years (United Nations Office on Drugs and Crime, 2018, p. 9). HT can also exist in home communities where Indigenous women and girls have been identified as vulnerable and at risk of being targeted by traffickers. Indigenous women and girls represent a disproportionate number of those who are sexually exploited in Canada (Ontario Native Women's Association, 2019, p. 6). Each First Nation community is affected by HT in different ways due to their surroundings and location in Canada. The West Coast has seen a major increase due to mining and forestry camps whereas the East coast experiences more exploitation of women of all ages due to their basic needs not being met (Ontario Native Women's Association, 2019, p. 7).

The second true/false statement asked, "If a trafficked person consented to be in their initial situation, then it cannot be HT or against their will because they knew better." 67% selected false (the correct answer). This finding indicates that the majority of community members understand most victims and survivors are lured into HT without their knowledge or understanding of what they were getting involved with. According to HT research, sex traffickers are directly responding to the demand for consumers' sexual gratification through the supply of women and girls they control and exploit (Barrett, 2013, p. 24). Traffickers prey on an individual's vulnerabilities and attempt to maintain control of victims by using force, assault, threats of violence and abuse of their power (Public Safety Canada, 2018, p. 2). Many vulnerable people who are exploited often do not know they were trafficked until they have escaped or exited their situation. Those who are exploited were tricked and manipulated through extensive luring strategies to coerce them into submission and cooperation. Traffickers use stages of grooming to lure in potential victims by creating a trusting relationship through

coercion and manipulation. Luring tactics often involve a trafficker creating a romantic relationship with women and girls, making promises about a better life, and often providing gifts to demonstrate affection (Barrett, 2013, p. 23; Public Safety Canada, 2018, p. 7).

The third true/false statement was, "There must be some elements of physical restraint, force or bondage for HT to be present," 80% stated it was false (the correct answer). Once again, the majority of community members understand that most trafficked victims are held by force, fear and coerced into submission. This finding is supported by research studies on HT stating, that, psychological manipulation is used to increase victims' dependence on their traffickers while disempowering them to become compliant with instructions (Barrett, 2013, p. 23). Sethi (2010) identified specific recruitment and luring strategies used in Indigenous communities through various forms of coercion and deception (p. 209-210). The young women and girls are isolated and disempowered by traffickers moving them around and keeping them in unknown locations away from their support system, denying access to basic needs such as food and clothing while under threats of physical and/or sexual violence (Barrett, 2013, p. 23).

KNOWLEDGE OF VICTIMS AND SURVIVORS

Community members indicated they believe HT is a growing issue. Specifically, 84% indicated it is an escalating problem in their Indigenous community with similar numbers (86%) believing it is also a problem in other Indigenous communities in Sarnia-Lambton. A slight increase of 87% was reported that HT is a growing problem for both Ontario and Canada. The members reported they believe 81% of girls, boys and or women are directly at risk of being lured into HT in their community.

According to Maya Chacaby (2019), the underlying intergenerational trauma experienced a result of abuse can make Indigenous people vulnerable to exploitation. The traffickers target

Indigenous women and girls as they can be easy to manipulate. They obey and submit, a learned behaviour from oppression. Indigenous people have learned through decades of abuse to submit and obey from years of marginalization through colonization (Chacaby, 2019).

There has also been the identification of specific patterns of sex trafficking of Indigenous women and girls in Canada including familial-based, organized and sophisticated (related to gang activities), and characteristics of other trafficking processes such as moving around large cities and in flourishing business areas of Canada (Sethi, 2010, p. 208). These risks along, with rural and remote living conditions, can create a complex environment increasing the risks of Indigenous girls and women being sexually exploited and lured into trafficking (Canadian Women's Foundation, 2014, p. 30). When looking at migration, past residential trends have shown Indigenous populations tend to relocate to large urban centres with populations of more than one hundred thousand people (Frides, 1998, p. 132). The violence and racism faced by Indigenous women are intertwined with the history of colonization, and intergenerational trauma has created an environment for HT to flourish (Ontario Native Women's Association, 2019, p. 2).

GROWING PROBLEM

There is a lack of research data on the specific numbers of Indigenous people who have been exploited in HT. Yet, the First Nation community members and even more strongly the CSP reported that they believe it exists and is becoming a growing problem. This belief is supported in the extensive final report *Reclaiming Power and Place* by the National Inquiry into the Missing and Murdered Indigenous Women and Girls completed in 2019. "It is consistently reported that Indigenous women and girls, 2SLGBTQQIA people make up the majority of those involved in the street-level sex work. They are also more likely than other groups to be targeted for or to experience sexual exploitation or trafficking for sexual exploitation" (National Inquiry into the Missing and Murdered Indigenous Women and Girls, 2019a, p. 656). Everyone is concerned

that vulnerable populations are at risk of being recruited in their desire to search for a better life. This is a difficult challenge to protect at risk populations while making their community a safe place to live.

Most concerning was that 45% of Indigenous members indicated they know someone who has been trafficked in their community. 40% indicated they did not know anyone trafficked in their community while 15% did not respond. Of those who indicated they knew someone, the majority (24%) knew the person as a 'client' or 'community member' in their professional relationship. 14% indicated they knew the trafficked person as a family member/relative, 12% indicated they knew that person as a friend, 2% indicated that they knew the person as a neighbour, and 2% stated they had been trafficked. Indigenous girls and 2SLGBTQQIA youth are perceived as easy targets for being trafficked, especially if they are coming from the child welfare system because it is thought that no one will look for these individuals (National Inquiry into the Missing and Murdered Indigenous Women and Girls, 2019a, p. 660). Indigenous women and girls have also been identified as vulnerable and at risk of being targeted by traffickers. All of the research collected from the Indigenous members indicates that HT is prevalent in all three (3) First Nation communities and Sarnia-Lambton.

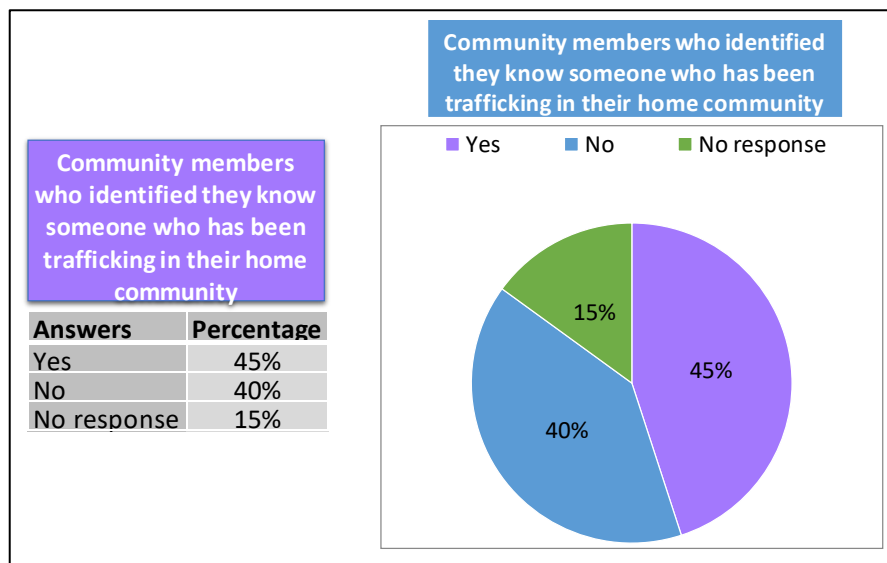


Figure 3.9

RISK FACTORS FOR BEING RECRUITED INTO HUMAN TRAFFICKING

The community members were also asked who are recruiting their people. The results are as follows:

- 21% reported traffickers are Indigenous members from their community
- 17% reported traffickers are Indigenous members from outside their community
- 26% reported traffickers are Non-Indigenous individuals outside of their community
- 26% reported traffickers are from all the above demographics
- 16% reported they were unsure of who is recruiting their people

These results show a mixture of responses of who is trafficking-vulnerable populations in their community. Previous studies have determined that traffickers can be "men and women, intimate partners, strangers, criminal organizations, business owners, peers, family members, community stakeholders, farmers, or factory operators" (Public Safety Canada, 2018, p. 7). The United Nations Office on Drugs and Crime (2018) identified qualitative studies have also shown women traffickers are active in the recruitment stages of trafficking (p. 35). "Traffickers can also be involved individually or associated with gangs or organized crime groups" (Canadian Women's Foundation, 2014, p. 15). It is difficult to assess who are the traffickers in any community, as they are usually very smart and manipulative and breathe fear into the victim so that they rarely report to the police (A. Taylor, personal communication, May 2020). Of those traffickers who have been charged, the traffickers were domestic. "Of all individuals who have been convicted of trafficking in 2016, a majority were citizens of their home country" (United Nations Office on Drugs and Crime, 2018, p. 35).

The researchers noted that despite the very long list of potential at risk factors (19), the community members were able to identify an additional 21 other risk factors. The prominent risk

factors are illustrated in Figure 3.10. A majority of community members ranked all 19 of the risk factors as significant signs that an individual may be vulnerable to being exploited into HT. None of the risk factors were ranked as insignificant. This research supports the value of examining all the at risk factors when developing prevention strategies towards an action plan to help combat HT. The risk factors including an additional 21, that the members added to this list. These risk factors are all relevant and need to be considered when protecting individuals from exploitation. The additional risk factors are as followed in Figure 3.10.

Curiosity	Disconnection to Their Culture
Dressing Provocatively	Focus on Status and Monetary Symbols
Hopelessness Loss of Cultural Value	Increased Costs for Basic Needs
Isolation	Lack of Knowledge About HT
Lack of Parental Attention	Lack of Spiritual/Religious Beliefs
Less Community Interactions	Looking for Love
No Connection to The Community	No Cultural Identity
Party Life Attraction	Politics of Off and On Reserve Treatment of Community Members
Social Determinants of Health	Social Pressure
Trying to Get Attention	Unable to Trust Police

Figure 3.10

SOCIAL SERVICES PROVIDED

Community members were asked where they would go to get help for themselves or someone who is a victim of HT. 44% stated they would seek help within their community, 60% stated they would also get help from outside of their home community, and 58% stated, they would receive help from both within and outside their home community. The research team asked the participants to identify the agencies/organizations they would use within their community to help a victim of HT. The organizations identified as helpful is are as follows;

- Three Fires Ezhignowenmindwaa Women's Shelter from Walpole Island
- Community Health Centres in all three (3) First Nation communities

- Police/Crime Stoppers in all three (3) First Nation communities and Sarnia Police Services
- Social Services in all three (3) First Nation communities
- Mental Health Teams in all three (3) First Nation communities
- Family Wellbeing teams
- SASC
- Ontario Works
- Elders
- Spiritual and Traditional Healers
- Chatham-Kent Community Health Centre
- Pace Program
- HELP Team on Walpole Island
- Women's Interval Home in Sarnia
- Children's Aid Society
- Canadian Mental Health in Sarnia and Chatham
- SLNFC
- Hospitals

Community members were then asked to identify the support services they believe would be needed to assist victims and survivors. The top priorities for services needed are for counselling services (83%), crisis work (83%), followed by addictions counselling (81%), safety planning (78%) and education (74%). The research indicated that the community members are familiar with the services provided in their communities to seek help for a victim/survivor of HT.

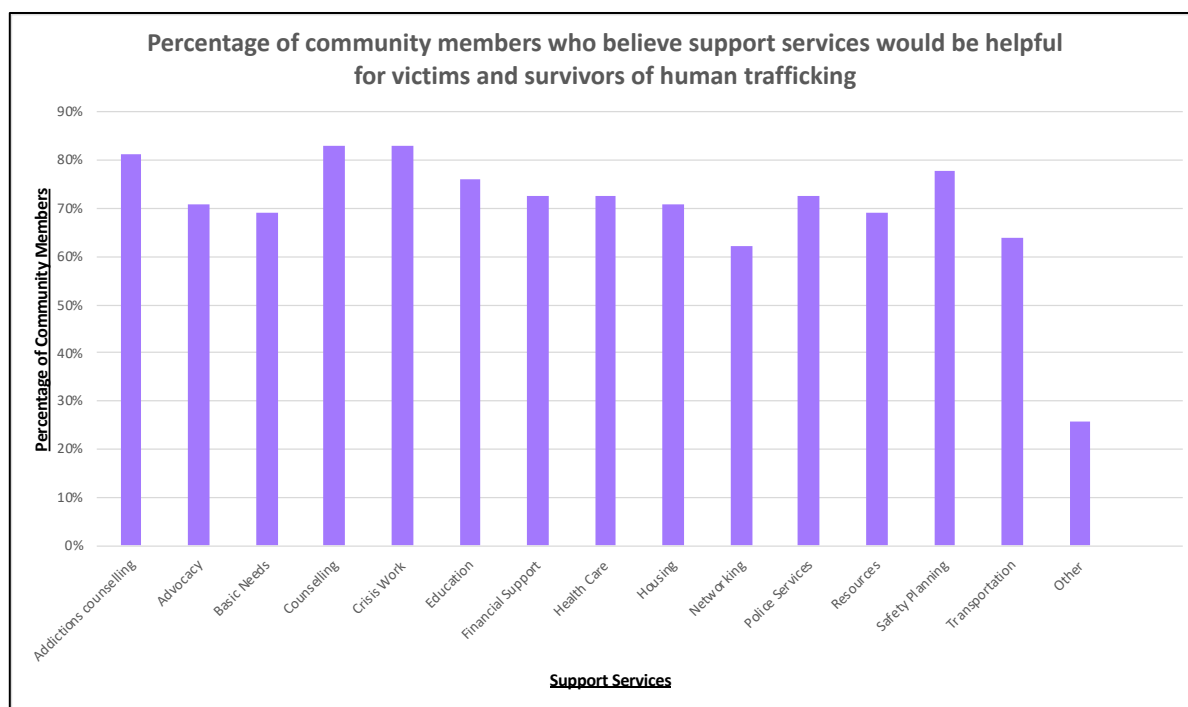


Figure 3.11

STRATEGIES FOR COMBATting HUMAN TRAFFICKING

Finally, members were asked an open question about how they believe their community can better protect individuals from being trafficked and exploited. Education and awareness about HT were recommended by the large majority of participants as a primary need for their communities to better protect individuals from being exploited. Numerous ideas were shared by the participants that include the following:

- Education strategies for parents and youth
- Mobile awareness unit for First Nation communities
- Healing still needed for past trauma from Residential schools
- Educational awareness workshop for everyone with community activities
- Education and support for families who have a family member who is a victim of HT
- Sex education on HT education in the schools, grades 4 and up
- Awareness using social media for youth

- Bring in speakers for awareness and training, including survivors to share their stories
- Provide incentives (food, prizes, etc.) to encourage people to attend education sessions
- Provide a link in terms of awareness with the MMIWG report (share the results and recommendations) with the community
- Talk openly about abuse, sex, shame, healthy relationships amongst youth
- Bring in the Native Youth Sexual Health Network for sex education for youth who coordinate the Sexy Health Carnival
- More training for health and social service staff on HT
- More emphasis on girls learning interpersonal skills and self-esteem so not as vulnerable and seeking attention by presenting themselves as sex objects
- Educational awareness on warning signs and risk factors for everyone
- Bring in outside speakers for awareness and training, including survivors to share their stories
- Police need more education and training on HT
- Police need training to understand vulnerable populations, victims and survivors
- School teachers need training and awareness on HT so they recognize children at-risk
- More community efforts to empower youth
- More collaboration between all organizations and the people working together

The members were united in their response advocating for traditional culture teachings and healing for people who have been exploited in HT. This included returning to traditional roots through ceremonies, sweat lodges, spiritual support, guidance from Elders, smudging, cultural awareness and activities, cultural teaching and language, self-love, respect, community gatherings, traditional detox practices and healing, peer support, sharing circles specifically for girls with low self-esteem, and engagement of family members in the healing process. These

strong endorsements of traditional healing methods are echoed by other Indigenous studies and by Indigenous healers and advocates.

The members also identified the need for safe housing, emergency, transitional and inclusive of Indigenous culture and teachings. Housing needs to be barrier free, often shelters block access to those with addictions, 2SLGBTQIA populations, disabled, and band members who live off the reserve. Equal access and eligibility for all, was stressed as an important need for shelters. All housing must feel safe for victims and survivors and need to be away from traffickers.

According to the National Inquiry into Missing and Murdered Indigenous Women (2019a), initiatives led by survivors are essential (p. 667). It is of utmost importance to recognize that the survivors hold the expertise in what services they need to find safety and justice (National Inquiry into Missing and Murdered Indigenous Women and Girls, 2019a, p. 667). “These [services] include having access to safe spaces to engage in sex work, access to other services, such as health care, counselling, addictions services, and legal services, opportunities and spaces in which to learn and practice traditional culture and language, and improved response from the police in recognizing the knowledge held by sex workers” (as cited in National Inquiry into Missing and Murdered Indigenous Women and Girls, 2019a, p. 667-668).

To address HT and exploitation of Indigenous women and girls, the first step is to acknowledge the seriousness of the problem (Sethi, 2010, p. 217). ONWA suggests looking at issues affecting the whole community, such as racism, poverty, child welfare and colonization, as they all play a role in creating conditions where exploitation and HT can occur (The Ontario Native Women’s Association, 2019, p. 23).

The research team was pleased with the high number of participants at most of the education sessions on HT provided in May and June 2019 and their participation in the questionnaire. It is unfortunate that more community members did not attend the education sessions offered in the community. There is a willingness to learn more about the hidden problem of HT as members believe it is present in their community. The desire to protect vulnerable at risk populations and helping others heal is greatly important to them. They are striving for 'harmony' in their community as harmony heals.

CONCLUSION

HT is a complex and invisible crime. First Nation CSP continue to be concerned that they are working with victims who are currently being exploited or have been exploited by traffickers. Of the CSP departments interviewed, 69% indicated they had worked with clients who were trafficked sexually, and 13% were trafficked through means for labour. The recent announcement by the Ontario government on March 6, 2020, Doug Ford promised to invest \$307 million in the next five years into fighting HT in Ontario (Government of Ontario, 2020).

Over the past two (2) years, the research team met with 19 First Nation CSP departments from all three First Nation communities as well as seven (7) Urban Indigenous outreach services in Sarnia-Lambton. Most concerning is that one of the Indigenous outreach services indicated they have worked with over 50 victims in the past year. Yet, local police data for investigations and charges of HT does not reflect these high numbers observed by social and health care providers. In 2018, Sarnia Police Services and OPP combined, charged five (5) individuals with trafficking of persons and in 2019 combined they laid 2 charges of individuals with trafficking of persons (A. Taylor and L. Horan, personal communication, June 2020; D. Whelpley, personal communication, May 2020).

These numbers are not unique to Sarnia-Lambton and its First Nation communities as they are consistent throughout Canada. Unfortunately, the research team did not have access to data or information from two (2) of the First Nation community police detachments, so are unable to shed light on the Indigenous police tracking of their numbers in terms of HT victims, as well as the investigations and charges against traffickers.

Overall, police acknowledge this is an underreported crime and shared the challenges they face with tracking and prosecuting HT cases. Police report that tracking and investigating HT cases of “this invisible problem is like chasing ghosts” (D. Grisewood, personal communication, May 2020). Police believe they are only scratching the surface of the problem as victims are often too afraid to report and testify against their trafficker. First Nation police services are often understaffed, underfunded, under resourced and have unsafe working conditions which result in their inability to respond appropriately and investigate violence and exploitation to Indigenous women, girls and 2SLGBTQQIA people (National Inquiry into Missing and Murdered Indigenous Women and Girls, 2019a, p. 690). The significant gaps between the low numbers of investigation and charges of HT, and the high numbers who are believed to be victims and survivors of HT by the CSP departments and community members reveals the challenges faced for every community across the country.

There are over 40 risk factors identified by First Nation CSP departments that could put an individual at risk of HT, which translates into ‘anyone’ can be a potential target. There is no definitive answer that makes identifying a potential victim of HT transparent. However, CSP did report that they believe vulnerable and marginalized populations are most often targeted by traffickers. Traffickers prey on the vulnerabilities of at risk populations, including Indigenous people.

Specifically, Sarnia-Lambton First Nation locations geographically, each community poses its own challenges that need to be considered in making it safer. Two (2) of the three (3) First Nation communities in this research are located on the St. Clair River directly across from the Michigan, USA border this was reported as a potential problem of consumers visiting and traffickers recruiting.

Each First Nation community has some challenges ahead to address the gaps in services that were identified by the CSP departments in this study. The majority of the CSP (48%) do not feel confident in their ability to support a victim/survivor and an additional 33% indicated they were unsure if they could identify a HT victim/survivor. This data supports the need for more education and training for staff working in the field, in First Nation communities. They recognized this need and reported that there needs to be more education and awareness to all community members about this invisible problem so they are more proactive in protecting vulnerable populations. They also identified the need for safe emergency and transition housing for victims and survivors, the need for counselling specifically life skills, trauma and addictions help and lastly more Indigenous cultural teachings. Returning to traditional roots, culture, language and spiritual healing was identified as essential for their First Nation communities.

These challenges were addressed by CSP departments with unique ideas about strategies for prevention, protection and empowerment of survivors. There is a need for a community protocol on HT for each First Nation community. This could provide a system of rules that explains the correct conduct and procedures for CSP to follow when working with victims and survivors of HT. This protocol would enhance cooperation and collaboration of services to best meet the needs of survivors and provide support. Enhancing these programs and supports for survivors will lead to greater collaboration amongst CSP departments ensuring effective service delivery.

The research team was pleased with the number of participants at the education sessions that were offered in May and June in 2019 and again an additional education session at Aamjiwnaang in February 2020. A total of five (5) education sessions on HT were offered jointly by the research team and the SASC. After each education session, participants were invited to volunteer to participate in the questionnaire, which the majority did complete. There is a strong willingness to learn more about the hidden problem of HT, as members believe it is present in all of their communities and for urban Indigenous people in Sarnia-Lambton. The desire to protect vulnerable at risk populations and helping others heal is greatly important to the First Nation community. Returning to traditional culture, teachings and ceremonies is of foremost importance to Indigenous peoples' journey to healing First Nation communities. Public awareness and education about this hidden and complex problem of HT, needs to be implemented in all three (3) First Nation communities and for urban Indigenous people living in Sarnia Lambton, as a prevention strategy to protect and empower vulnerable populations.

The Canadian Government's recently announced investment of \$44.8 million into 10 Indigenous emergency shelters and an additional 40.8 million to fund operational costs to support women and children fleeing violence (The Canadian Press, 2020). These additional funds will hopefully allow Indigenous communities across the province to move forward with action plans and to enhance services for victims and survivors of HT. It is a difficult issue to detect, investigate and prosecute for police services. It is also not easy to ensure the safety of vulnerable populations when this crime is so hidden and complex. However, First Nation communities have all demonstrated in this study, their willingness to learn more. They are also committed to working towards prevention strategies to deter recruitment and exploitation of at risk and marginalized populations into HT, wanting to provide support and help to survivors.

First Nation communities are creative with dedicated CSP departments who are open to change. Openness to encourage survivors to share their experience and knowledge to help run support programs and services is required. According to the Native Women's Association of Canada, they strongly encourage survivors to have a role in facilitating change in their community.

“No one knows more than them [HT survivors] about what it takes to survive and exit sexual exploitation and trafficking. Not only do they provide vital information for the success of programs and services, but they are also one of the best ways to reach and motivate trafficked women who often see them as role models of the change these women may be seeking in their own lives” (Native Women's Association of Canada, 2014 p. 21).

Combined with the survivor's wisdom and overall hard work from key stakeholders, progress can be gained in the fight to combat HT. Through this research, the First Nation communities have expressed the desire to work collaboratively towards long term sustainable solutions to support its members and keep their communities safe.

It was evident to the research team that First Nation communities and Indigenous outreach services are dedicated, compassionate and creative in their work to support HT survivors and those in need. Their insight, knowledge and desire to help their community members was inspiring. There is a need to strive for 'harmony' in each community and work collaboratively together as this harmony will heal victims and survivors of HT. Returning to the origins of Anishnawbe culture and the foundational Ojibway tradition of the Seven Grandfather teachings will help people find harmony (Wagamese, 2019, p. 13). These traditional teachings are valued and will help in healing and connecting back with traditional culture. “We become one drum beating together in a common purpose—and we are healed” (Wagamese, 2019, p. 28).

Lambton College Students

Exploring the Knowledge on Human Trafficking and
Available Support Services in the Community



INTRODUCTION

Lambton College and the SASC decided to include Lambton College students in this research project to explore student's current knowledge of HT and services available in their community. The research team engaged students by involving them in a short voluntary questionnaire assessing their knowledge of HT in their community. The team also conducted two HT Awareness Days at the college, which included a panel of speakers with expertise in the fields of policing, social work and survivors who shared their personal stories. These educational workshops provided the research team and the SASC with the opportunity to work together and provide information on HT to a college audience.

RESEARCH DESIGN

The research team's goal was to assess the student's knowledge of HT. It is believed that Lambton College students can provide insight on their demographics' knowledge and opinions regarding the causes of, and risk factors for, the problem, gaps in or lack of knowledge of community services, and beneficial prevention, empowerment and support strategies. The Student Questionnaire was presented to participants via *Survey Monkey* (Appendix 6). The electronic questionnaire was anonymous and was used to investigate responses from a sample student population at Lambton College. The data was collected by three (3) Student Research Assistants, the Researcher and the PI using three (3) iPads.

A total of 126 students participated voluntarily and completed the questionnaire, which represented 4% of the total full-time Lambton College student population. All student participants were required to be over the age of 18 years. Students were recruited randomly by the research assistants and all agreed to participate. There were 15 questions in total, respondents were asked to answer including "Agree to Consent" (question 1). All questions

were optional, and the questionnaire gave the student the option to 'skip over' a question they did not want to answer it, excluding their consent to participate. The questionnaire asked participants their knowledge about HT and what community services exist in their community that could potentially help an HT victim or survivor. The questionnaire took approximately 10 minutes for each student to complete. Students were invited to ask questions or pick up information about HT from the staff who were available at the research table from the SASC. Students were given small chocolate or a pencil for compensation to thank them for their time.

RESEARCH ANALYSIS

The respondents were asked to identify their gender and age range. The responses reflect statistics identifying young females who are vulnerable to being recruited into human trafficking situations. 70% of respondents were between the ages of 18 and 26. Of those who participated, 72% identified as female. A limitation was that male participant rate was low at 27%. There could be several reasons behind this collection of the gender gap. The research team could have included a "male ally" to be present during the data collection to encourage male participation. This is also reflective of the research problem of human trafficking whereby more women than men are trafficked.

The respondents were asked to identify the number of hours a day they spend online and on social media. 71.2% of respondents identified they spend approximately 3-6 hours a day on online and/or using social media apps.

To access the knowledge of students, respondents were asked to identify definitions of human trafficking and sexual exploitation as well as basic knowledge of what is illegal for consumers of the sex trade. From these questions, it was identified respondents have good background knowledge of HT, and sexual exploitation and were able to identify legal definitions.

When asked who had received education and/or training on human trafficking, a majority of respondents (59%) had no formal training on human trafficking yet were able to correctly identify the legal definitions.

The majority of respondents (87%) indicated they have an interest in learning more and identified the specific platforms for learning. Respondents identified wanting to receive training in interactive ways such as guest speakers and workshops over online modules, brochures and social media. Guest speakers and/or workshops offer an interactive learning environment with an emotional impact, a chance to work through scenarios and possible discussions.

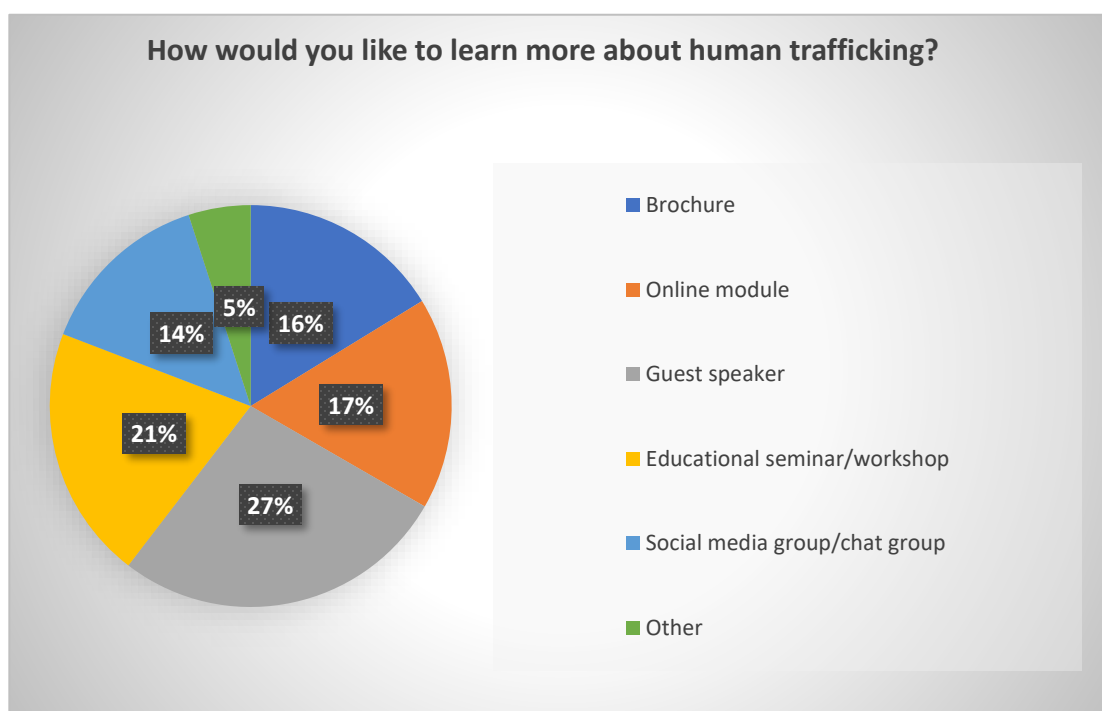


Figure 4.1

The respondents were asked to identify potential warning signs of someone who may be in a trafficking situation. Respondents selected 8 of the 26 options as key warning signs of human trafficking. These included 'alcohol or drug abuse,' 'fearful,' 'low self-esteem,' 'isolated,' 'mental health concerns,' 'signs of physical abuse,' 'signs of psychological abuse,' and 'signs of rape or

sexual abuse,'. 69% of respondents identified they believe people in our area are at risk of being recruited into HT, including the Indigenous and Francophone populations.

When asked where would they get help, 56% of respondents indicated they would not know where to get help, yet 52% were aware of services provided by the SASC. This contradiction could be a result that the SASC was present while conducting the questionnaire and during the information presentation prior to them completing the questionnaire.



Figure 4.2

Respondents identified they would reach for help from professionals including police, SASC, the Human Trafficking Hotline, health care professionals and/or a counsellor. Yet, 30.6% would protect the person's identity and would attempt to help them independently of community resources. No respondents selected they would 'do nothing' if person was to reach out for help, which is encouraging to know there is an eagerness to help others.

HUMAN TRAFFICKING AWARENESS DAYS SUMMARY

On Wednesday, March 16, 2019 the Research team including the PI, Researcher and Student Research Assistants hosted a pilot HT Awareness Day at Lambton College to assess the knowledge of students on the topic and their interest for more learning. An informative presentation was open to the general public with guest speakers including; OPP Detective Constable Jill Harding, SASC Human Trafficking Coordinator Chantel Butterfield and two local survivors of HT. The attendance reached a count of approximately 100 participants including students, staff, faculty and community members. The pilot day was seen as a success and encouraged the research team to move forward with a future awareness day including data collection in the upcoming fall semester.

The second awareness day was held on Wednesday, October 16, 2019 at Lambton College in conjunction with questionnaire data collection. Students participated on a voluntary basis and were asked to complete the questionnaire using *Survey Monkey* on iPads before and after the presentation. Guest speakers for the presentation included: OPP Detective Constable Jill Harding, Sarnia Police Detective Sergeant Tristen Vosburg, SASC Human Trafficking Coordinator Chantel Butterfield and a survivor of HT.

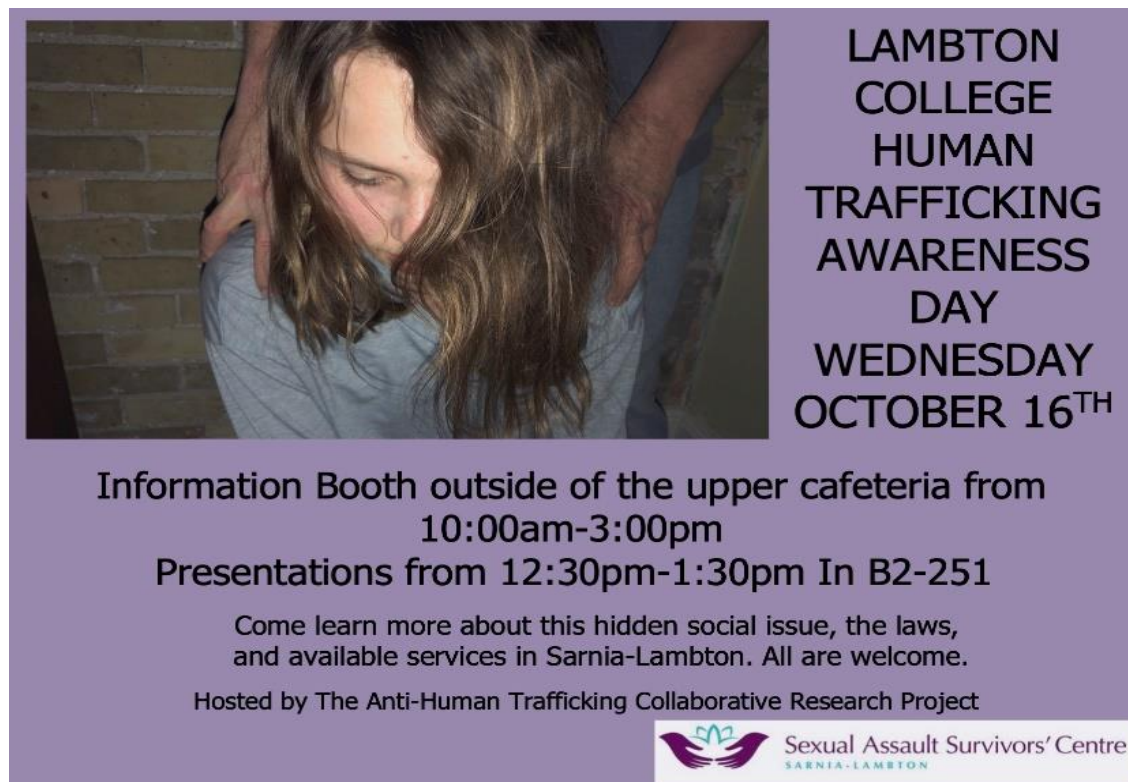


Figure 4.3

The research team's goal was to gain general insight into the student's knowledge of HT as well as their awareness of available services in the Sarnia-Lambton community. Data collection of 126 students was completed in four (4) hours with four (4) iPads. Counsellors from the SASC were present with the research team to provide information and emotional support to staff and students. Counsellors from the college were also available for debriefing and support if needed. Both the Counsellors and the research team had positive interactions with participants in regards to answering further questions, identifying their concerns with family, friends and/or acquaintances, and inquiry of how to learn more about this hidden and complex social problem.

The 1-hour informative presentation was open to the college community and the general public, it reached an attendance of approximately 76 participants students including (staff, faculty and community members). The four (4) presenters provided a well-rounded perspective to discuss the laws and jurisdiction, prevalence and experience, services available for survivors in the

Sarnia-Lambton area, as well as a shared story of a lived experience by a survivor. Those in attendance were attentive during the entire presentation and many took notes regarding the law and services available in Sarnia-Lambton. Ultimately, there was great support from faculty and staff encouraging students to attend the information presentation and take additional time to participate in the questionnaire.

CONCLUSION

The research team was very pleased with the high number of students who attended the educational workshops at the HT awareness days at the college and also their willingness to complete the questionnaire and help the team with this research. Approximately 200 students attended the two educational sessions offered at the college, and many students commented on the powerful presentations given by the survivors. We also had 126 student respondents complete the questionnaire. The overall research concluded there is a general overall knowledge of HT amongst the college population. They also have some knowledge on what to do if someone they know is at-risk of exploitation or requires help or services. The 126 respondents indicated their desire to learn more via interactive education and/or training including a personal lived story presentation. The research team was very appreciative of the student's willingness to participate in the research study. We were also grateful for the support and help we received from the College, SASC, the panel speakers and the survivors.

CAMMING – THE POTENTIAL ONLINE FUTURE OF HUMAN TRAFFICKING

In the ever-evolving sex trade industry, many have turned to online resources to find innovative ways to conduct sex work. “The development of the internet has completely transformed the way we do business; and the “oldest profession” [sex work] is no exception” (Stuart, 2016). A quick google search will bring up thousands of sex cam websites, known as “camming” (2019). Camming allows “a live, interactive sexual experience where the viewer is able to watch the “performer” in real time and can even request certain performances often paying big bucks to do so” (2019).

Michelle Furgieule, HT advocate and survivor, states, “years ago, camming began to catch on but it never took off because we didn’t have the technology”, now, with the popularity of social media, new camming sites are popping up all over, and are even marketed by online Podcasts as a great way to earn money for college-aged females (personal communication, May 2020). “Sex camming in and of itself is on the rise. And as the demand for live sexual performances increases, so does the demand for human trafficking—they both go hand in hand” (M. Furgieule, personal communication, 2019). As the sex trade industry evolves and moves online, so do the tactics of traffickers and pimps. Similar to traditional sex work, many individuals who perform these sexual acts are not willing participants and are not usually consenting cam workers (M. Furgieule, personal communication, 2019). In studios all over the world, young women and men are “being forced into performing in live streaming video chat rooms without their consent and often after experiencing abuse” (M. Furgieule, personal communication, 2019).

With the continuing rise in popularity of social media, sex camming is becoming more and more mainstream (M. Furgieule, personal communication, May 2020). Social media sites such as SnapchatPremium and OnlyFanz offer traffickers new platforms to produce more money from

victims using etransfer, Paypal and automatic payment, and accepting all forms of major credit cards - the money can then go right into the trafficker's account (M. Furgieule, personal communication, May 2020). The biggest problem is there is no way to track where the individuals are camming from or what age the victims may be, too often underage victims are being exploited (M. Furgieule, personal communication, May 2020). On both of these social media sites, and many others, consumers can subscribe monthly and can direct message individuals with the option to pay extra for private videos or custom photos (M. Furgieule, personal communication, May 2020).

With camming becoming mainstream it is being promoted on an individual's social media sites, traffickers are crossing boundaries and reaching new levels to exploit their victims (M. Furgieule, personal communication, May 2020). According to Furgieule, traffickers are setting up accounts to promote victims and often using "bottom bitches" to do this work for them, there is no one monitoring the authors who are posting content to these camming accounts; traffickers will also subscribe to already existing accounts to recruit their victims (personal communication, May 2020). Consumers subscribing and paying online creates a paper trail of money, and on some platforms, account owners who post content are provided with a specific income tax form which can be used as a financial tax incentive allowing the trafficker to obtain mortgages, loans, cars payments etc. This becomes problematic and offers traffickers financial benefits supporting illegal financial transactions, and thus more opportunity to exploit victims further (M. Furgieule, personal communication, May 2020). When a victim of HT finds themselves in financial trouble, it becomes even more difficult to escape/exit or leave "the game due to their dependency on the trafficker."

Furgieule, who uses her expertise from lived experience to educate others, shared that consumers see camming as customized porn (personal communication, May 2020). She stated

that one consumer has shared personally that they can see porn whenever they want for free, but porn stars are unattainable. On the media site OnlyFanz, consumers believe they can probably physically “get with that girl.” The consumer private message the person who is camming and possibly entertain the chance of actually purchasing sex work from these cam girls believing that “she probably wants to make extra money” (M. Furgieule, personal communication, May 2020).

According to Furgieule “johns [consumers] are lacking basic education of HT. Johns need to be told the nitty-gritty of what is happening behind the scenes” (personal communication, May 2020). Furgieule promotes education about the realities of online trafficking, it is easy for traffickers to set up an account online and have access to pornography, sex media sites etc. Consumers could very well (knowingly or unknowingly) be purchasing child pornography. The consumer’s credit card information could easily be associated with underage victims (M. Furgieule, personal communication, May 2020).

THE IMPACT OF THE COVID-19 PANDEMIC ON HUMAN TRAFFICKING

With the beginning of the COVID-19 pandemic, many traffickers are turning to online sources, and many victims are being re-routed to be trafficked online using social media and camming sites (M. Furgieule, personal communication, May 2020). Online HT is growing and becoming an increasingly bigger problem. According to blog post by Polaris, who operate the U.S.

National Human Trafficking Hotline, *Sex Trafficking Is Still Happening – and My Be More Violent Than Ever*.

“Anecdotally, we have heard from survivors that trafficking victims are now being forced to participate in remote, web-based sexual activity or pornography and that the marketplace for those activities has grown. It’s important to remind buyers of these materials that a person on a webcam or in a pornographic video is as likely to be a trafficking victim as a person selling sex in any other environment” (2020).

As a result of school closures and pauses on extracurricular activities and social services, many young people are spending a lot more time online which is being supported by our education system and parents as it is the only way children and youth can access their school curriculum. Unfortunately, this virtual learning has now made children and youth even more vulnerable to online trafficking due to the increase number of hours they are spending online (Gallorini, 2020). According to Karley Church, human trafficking crisis intervention counselor with Victim Services of Durham Region, “it’s easier for traffickers to sit behind a computer screen and actually reach out to multiple people, hoping that one or two bite” (as cited in Gallorini, 2020).

It may be too soon to witness the full impact COVID-19 has had on child exploitation, according to a spokesperson for the RCMP “chatter in dark web forums indicate that offenders see the pandemic as an opportunity to commit more offences against children,” (as cited in Gallorini, 2020). Clinical Director of Victim Services Durham Region, Kayla Yama, refers to new data from

Alberta stating that “they’ve seen over 50% increase in (online) child exploitation since March [2020], and [are] expecting those numbers to continue [to rise],” (as cited in Gallorini, 2020). This is a significant increase and has a strong impact on the growing problem of HT. Child exploitation involves the luring and grooming of children, and “a quarter of all HT victims are under the age of 18 in Canada” (Gallorini, 2020).

Many social service agencies and shelters have been closed to the public during the pandemic, making it increasingly more difficult for victims of HT to reach out for help and to escape their trafficker (Gallorini, 2020). Many victims of HT are forced, even more so, to be isolated with their trafficker and have succumbed to further abuse as there is no way out (Gallorini, 2020). With social distancing protocol in place, it has made it next to impossible for front line crisis staff to be on the grounds connecting with victims offering support proactively. This has proven to be a great challenge in reaching out to victims as they are more alone, isolated and further trapped or left behind with the pandemic (Gallorini, 2020).

The Human Trafficking Hotline has had an increase in the number of calls coming in since the start of the pandemic (Gallorini, 2020). During these calls, it is quite common that many survivors of HT are finding the pandemic safety protocol, brought about by the State of Emergency called throughout Canada to keep everyone safe from COVID-19, to be very triggering (Gallorini, 2020). Ashley Franssen-Tingley, Director of Stakeholder Relations of the Canadian Centre to End HT references the triggers that survivors are facing from the State of Emergency measures has had an indirect impact on survivors recovering from past trauma as a victim. These measures which include; social distancing, quarantine measures, or self-isolation measures, wearing a mask, being told where you can’t go or can’t do certain things, feel similar to the experience they had as a victim being controlled by their trafficker (Gallorini,

2020). Lockdown and isolation initiatives have made despairing conditions for HT victims, increasingly worse and expose them to new vulnerabilities.

Though much of the world seems to have come to a halt during the COVID-19 pandemic, the sex trade industry is alive and well, and thus HT is becoming increasingly worse (M. Furgieule, personal communication, May 2020). COVID-19 guidelines and stipulations have only changed the sex trade industry, not stopped it. As a hidden crime, HT continues to prosper during the COVID-19 pandemic. HT is an ever-changing crime and traffickers continue to adapt their tactics to continue to lure and further exploit their victims.

HT is constantly evolving, HT advocate and survivor Michelle Furgieule shares her insight on next steps needed in the fight against HT, “we need to make sure that there is not a gap between what pimps are doing and what service providers are doing” (personal communication, May 2020). The key to combatting HT is to think like traffickers to get one step ahead of them, “if we aren’t ahead of them, previous measures will always be 10 steps behind” (M. Furgieule, personal communication, May 2020).

PROJECT LIMITATIONS

The College Research and Innovation Department (CRID) began conducting Social Science and Community Services projects in the last few years. Moving in this direction inevitably comes with multiple learning curves and challenges. The research team, although experienced in the social services field, had limited experience in applied research. The CRID staff have years of experience and offer research expertise in the bio-technology, advanced material development, advanced manufacturing, renewable energy conversion, storage and management, instrumentation, process control and optimization sectors of research but have limited knowledge of the social sciences sector. The College's Research Ethics Board (REB) was also new in its role and had its own challenges, they offered insight and support in this journey. The research team also sought out the wisdom and experience from faculty and researchers from Western University in London, ON to provide guidance on a consultative basis.

The REB application process was very time-consuming and delayed the applied research work. Since qualitative social science research projects are relatively new to the College, resources and services were lacking. It would have been helpful for the research team to have samples and templates to use when submitting the work to the REB. This would have made both the REB and the research team work more effectively and more quickly and these resources could be offered to all social science research teams in the future. An experienced social science researcher to provide mentorship and guidance to social science research teams would have reduced the number of unsuccessful applications submitted to the REB. The research team would have benefited from the following resources; samples of consent forms, types of qualitative research questions, coding computer programs, qualitative coding and thematic analysis, budget samples and examples of completed social science reports.

The process for REB approval delayed the research team from collecting data for approximately 10 months. During this time, there were learning curves for all parties involved, including but not limited to the College, the REB and the research team.

After REB approval and leading into the data analysis, the research team became aware of valuable information that could have been gathered through pertinent questions with the survivor questionnaire. Questions related to survivor's feelings and trauma experienced when they were exploited was not included due to the concern that this would trigger participants and possibly put them at emotional risk. It was discovered in the interviews with the survivors' that they shared voluntarily without prompting a great deal of their story that included their feelings prior to being exploited and past trauma experienced in their lives. Having a trauma informed lens as researchers when working with survivors is essential in supporting clients in their therapeutic journey. It was important that all survivors were supported by their counsellor at the end of the interview.

Throughout the project, other limitations arose which were not predicted by the research team, these included:

- A high number of 'no responses' from Indigenous community member's questionnaires
- Two (2) questions were repetitive and thus confusing for participants in the First Nation Community member's questionnaire which may have resulted in a 'no response'
- Low attendance at Indigenous education sessions, resulting in low completion rates of Indigenous community member questionnaires on Aamjiwnaang and Kettle and Stony Point
- Limited collection of data, information and insight from First Nation Police detachments and Canada Border Services

- No referrals of survivors from the Francophone CSP in Sarnia-Lambton
- Multiple cancellations of survivor interviews due to life commitments (i.e., school, family) or they identified they were not ready to participate the day of the scheduled interview
- Both initial Student Research Assistants from the College were in their final year of their College program and graduated and retired from the team. When the research team entered the second year of the project it resulted in two (2) new hires. This required new orientation, new training and extra work for the team.
- The research team did not specify the 2SLGBTQQIA population in the questionnaires
- Participants across all demographics did not identify 2SLGBTQQIA in their responses
- Little knowledge obtained from all questionnaires on labour trafficking
- The research team did not ask questions to survivors regarding involvement in online HT, web camming or the dark web of pornography and online sex work which would have helped the research team shed light on the virtual world of exploitation in HT
- Retirement of Project's Partner, the Executive Director of the SASC after the first year, resulting in the orientation and engagement of the new Executive Director

COVID-19 PANDEMIC

On March 13, 2020, due to COVID-19 pandemic prevention measures, Lambton College closed its doors for an unknown amount of time resulting in the research team quickly changing data collection, storage and analysis techniques. The unpredicted halt to personal face-to-face interviews created multiple limitations moving forward towards the completion of the project and making all data collection challenging for all researchers. There were requests to the REB for permission to complete phone and video interviews with First Nation CSP as there were numerous cancellations of scheduled meetings. Permission was granted to researchers creating some opportunity to complete Indigenous CSP departments interviews and First Nation community member questionnaires with a revised consent form. Due to the state of emergency

declared in Ontario, the research team was unable to complete any further interviews with the Indigenous communities, even by phone. This unfortunately resulted in low participation rates from Kettle and Stony Point First Nation and Aamjiwnaang First Nation communities. Also, the requirement for audio recording at survivor interviews ceased all future data collection for this demographic.

It was recommended by the College in early April 2020, due to the pandemic, it would be best to close down any further data collection and begin the analysis and writing of the report. The research team was able to collaborate virtually to analyze collected data, code information and complete the writing of all final reports. This process was more time consuming and slower than usual in terms of analysis and writing the report. The project was completed with the much-appreciated help of being granted a short extension from the College.

EMERGENCY SUPPORT SERVICES AVAILABLE IN SARNIA-LAMBTON FOR VICTIMS AND SURVIVORS OF HUMAN TRAFFICKING

VICTIM SERVICES OF SARNIA-LAMBTON

Victim Services of Sarnia-Lambton offers crisis response, resources and immediate support for victims of crime and tragic circumstance, including victims and survivors of HT:

Victim Services of Sarnia Lambton (VSSL) is a non-profit agency, working in cooperation with First Responders and other community partners. VSSL operates 24 hours a day, 365 days a year. The VSSL team has a trauma informed approach. VSSL offers practical and emotional support to victims of crime and tragedy, including victims and survivors of HT.

VSSL has the ability to attend on scene alongside police in order to provide immediate crisis assistance. VSSL has also worked together with Sarnia Police Service to aid in human trafficking investigations and interventions and has aided survivors of human trafficking in actively fleeing their traffickers.

Victim Services of Sarnia Lambton provides safety planning, needs assessments, practical and emotional support, as well as necessary referrals following the disclosure of HT or “exiting the game.” It’s through the Victim Quick Response Program + that VSSL is able to offer a number of financial supports to survivors of HT. VSSL is the only service delivery organization for the Victim Quick Response Program + in Lambton County (K. Carter, personal communication, June 2020).

According to Kristen Carter, Executive Director of VSSL, Sarnia Police Services has recognized that the data on HT incidents and charges in Sarnia-Lambton does not reflect what they know is happening in the community (personal communication, April 2020). In response, Sarnia Police Services has partnered with VSSL in a hands-on project to identify possible victims of HT and work together to combat HT in the Sarnia-Lambton community. Through this police led project,

after investigating a suspected instance of HT, VSSL staff accompany SPS when responding on-scene to a suspected case of HT. This allows staff from VSSL the opportunity to connect with suspected trafficked persons as a first point of contact. With a strong focus on safety, this project allows connection, relationship building and immediate access to crisis services for possible victims of HT (K. Carter, personal communication, April 2020).

Victim Services can be reached at 519-344-8861 ext. 5238- and their website www.victimservices.on.ca.

THE VICTIM QUICK RESPONSE PROGRAM +

The Victim Quick Response Program + (VQRP) offers funding for services to victims of violent crime and circumstance including extended funding and services for victims of HT. Services available are assessed on a case by case basis and are based on timeline, disclosure date and release date of the offender. VSSL will complete a referral and application on behalf of victims.

Types of services funded through the VQRP program include but are not limited to:

- Accommodation
- Aids for disabilities
- Basic necessities
- Care for dependents and pets
- Cellphone
- Counselling
- Crime scene cleanup
- Dental
- Door stop guards
- Motion sensors
- Eyeglasses and exams
- Government and medical documents
- Graffiti removal
- Homicide survivor support
- Indigenous Health Services
- Interpretation services
- Locks changed, deadbolts and peepholes
- Meals and groceries

- Residential Treatment
- Serious injury support
- Tattoo removal and cover up
- Transportation to safety or counselling
- Travel to access traditional Indigenous services, etc. (K. Carter, personal communication, April 2020).

Information and services through the VQRP program can be accessed through referrals to Victim Services. Victim Services can be reached at 519-344-8861 ext. 5238 - and their website www.victimservices.on.ca

SEXUAL ASSAULT SURVIVORS' CENTRE

The SASC offers resources and support to victims of sexual assault, including victims and survivors of HT:

The SASC offers individualized, trauma-based supports for Survivors of Human Trafficking. These supports are delivered by counsellors who have participated in extensive survivor based or led trainings which identify the complex and differing needs of survivors who have experienced exploitation in any form. The supports offered include:

- 24-hour crisis line
- Individual, confidential counselling
- Accompaniment
- Advocacy
- Out-reach within Lambton county
- System navigation and assisted referrals
- Life-skills building
- Peer support groups
- Housing assistance

- Basic needs support (C. Butterfield, personal communication, June 2020).

The SASC can be reached at 519-337-3320 and website www.sexualassaultsarnia.ca

WOMEN'S INTERVAL HOME

The Women's Interval Home offers support for victims of domestic violence as well as victims and survivors of HT:

“At the Women's Interval Home of Sarnia-Lambton Inc., our trained counsellors provide support, information, and advocacy to women and their children leaving a relationship where they are experiencing abuse. We are also seeing an increase of service users who have experienced human trafficking. There is a priority list for those who identify as sexually exploited. Our services are modified to best support the needs of the clients. Women's Interval Home staff provide services through a trauma-informed lens which may include assistance with their housing, legal, financial, and safety planning needs. Clients work with staff to set goals which will allow them to gain independence through skills development training, support, advocacy, and referrals to other programs and services. Confidential, non-judgmental counselling is provided to residential and non-residential clients.

The Women's Interval Home of Sarnia-Lambton offers emergency shelter services to women and children 24-hours a day, a 24-hour crisis/support line, Transitional and Housing Support Program, Support Groups, Child Witness Program, and individual and group counselling. All our services are free of charge and confidential. Multi-lingual/multi-cultural interpreters will be provided through an external service, and/or occasionally

through on-shift internal personnel. Childcare can be arranged when necessary.

Our services are fully accessible and wheelchair accessible with designated parking at entrance. Service animals and/or support persons that conform to the Accessibility Standards for Customer Service Act are permitted shelter stays at no cost. Both locations are accessible 24-hours a day, seven days per week and are available for women” (A. Marks, personal communication, June 2020).

The Women’s Interval Home can be reached at 519-336-5200 and website www.womensintervalhome.com.

Three Fires Ezhignowenmindwaa Women’s Shelter

The shelter has accommodations for as many as 16 women and children. The centre offers crisis intervention counselling, individual counselling, advocacy, children’s services and community education. The shelter provides support services for native and non-native battered women and children in southwestern Ontario. The shelter is committed to working toward the elimination of violence against women and children.

The Three Fires Ezhignowenmindwaa Women’s Shelter can be reached at 519-627-3635 and website <http://walpoleislandfirstnation.ca>.

The Coalition Against Human Trafficking

The CAHT is made up of representatives from community service providers and organizations across Sarnia-Lambton who work collaboratively to combat HT in the Sarnia-Lambton community:

The CAHT is a volunteer-based group of individuals and organizations dedicated and committed to raising awareness of human trafficking locally, Nationally and globally. The committee as a whole does not work directly with victims of HT (although some of its member organizations do) but works to educate the community on the issue through presentations and events. The committee has grown from its three founding mothers to include close to 20 members from concerned citizens to individuals who work in sectors where their clients may be vulnerable to HT e.g., victims of abuse, sexual assault, domestic violence, immigrants and newcomers, Aboriginal women (C. Butterfield, personal communication, June 2020).

Most recently, the CAHT created an informative webinar highlighting the prevalence of HT, the grooming process and supports available in Sarnia-Lambton for individuals who have been trafficked (2020).

The webinar can be found on their Facebook page: Coalition Against Human Trafficking; Sarnia-Lambton (2020).

CANADIAN HUMAN TRAFFICKING HOTLINE

The Canadian Human Trafficking Hotline offers a 24-hours a day, 7 days a week confidential hotline focusing on HT (2020). With services available in over 200 languages, callers are supported by highly trained Hotline Response Advocates (2020). The Canadian Human Trafficking Hotline can be reached at: 1-833-900-1010 (2020).

RECOMMENDATIONS

Over the two (2) years of this research project, a great deal of valuable information was gathered from participants involving their stories and experiences and the literature review on HT. The work was completed in the hope of identifying prevention strategies, addressing gaps in services and providing ideas for the enhancement of supportive initiatives in terms of programming for victims and survivors of HT. Both survivors and CSP shared their experiences with the team that included barriers, support services that were both helpful and not helpful and ideas for improvement of services needed in our communities. The recommendations we believe are a true reflection of what was shared and learned by the research team on HT in Sarnia-Lambton. They are divided into four categories that are derived from the project's objectives and are as follows: 1) Knowledge and Prevention Services 2) Gaps in Services and Support Services Needed 3) Empowerment for Survivors and 4) First Nation Communities.

1) KNOWLEDGE AND PREVENTION STRATEGIES

PUBLIC EDUCATION AND AWARENESS:

Public awareness and education are the number one priority for all key stakeholders who participated in this research project.

GENERAL PUBLIC:

- Providing education and awareness so that the public can better identify risk factors, warning signs and recruitment strategies by traffickers and the dangers. This information needs to be shared in regular public forums such as Community Town Hall meetings hosted by local, provincial or federal governments. An example of this was a HT public forum hosted by Chatham-Kent's MPP's office.

- The need for more open communication about the reality of the problem and that it is happening here in Sarnia-Lambton. This open communication helps break down the taboos, myths and stereotypes as to who are the victims.
- A public awareness campaign with the distribution of posters about the problem that it exists, signs on public transportation, social media awareness. Awareness to the public that traffickers often target vulnerable populations however, HT does not discriminate, and anyone can be at risk of HT.
- Increase community knowledge on 'First Point of Access' for victims and survivors to help navigate their access to appropriate and available services. Improved information to the public about recognizing an individual at risk and appropriate reporting procedures to police or crime stoppers.

ENTERTAINMENT INDUSTRY:

- Training sessions for staff working in hotels, bars, casinos, restaurants and highway rest stops about HT on the warning signs and recruitment strategies.
- Production and distribution of printed media awareness materials to be placed in public washrooms, billboards on highways, social media, news ads and commercials educating the public of the problem.
- Online training modules for staff to take, similar to WHIMIS and AODA which is mandatory training for all employees.
- Education to staff about their responsibility to report to police suspicious behaviour that may be linked to HT.
- Encourage staff to offer help to a possible victim by contacting the Human Trafficking Hotline or local social or health services in the community.

- Creating a county wide 'verbal code' in the food and entertainment industry that individuals who need immediate assistance are able to utilize, e.g., "Ask for Angela," if someone needs assistance. Staff would know that this coded statement would indicate this person is at risk and asking for help. Therefore, wanting to leave a potentially dangerous or uncomfortable situation. Staff would then contact police, Human Trafficking Hotline or local crisis line in the community.

FAMILY AND FRIENDS:

- It was reported by numerous survivors the need to be non-judgemental is important in the company of a victim or a survivor. They expressed the need to be loved and supported even when making poor choices.
- Family and friends need to have access to public forums to learn about warning signs, risk factors, recruitment strategies and what to do if they believe their loved one is at risk or currently involved in HT.
- The need to monitor children and youth their social media access, online gaming activities that involve chat lines and overall internet use to keep them safe from traffickers who recruit online.
- Encourage children and youth not to keep secrets and report things that make them uncomfortable to a trusting adult.
- Encourage children and youth to report suspicious behaviour to a trusting adult.

EDUCATION IN SCHOOLS

COLLEGE LEVEL:

- Continue to offer HT awareness days teaching about warning signs, risk factors, recruitment strategies and safety planning.
- Education to newly arrived International students about Canadian laws against HT and the dangers of traffickers and examples on how they lure vulnerable populations.
- Lambton College could pilot a men's awareness program at Lambton College, similar to the unique ANOVA's 'MAN/MADE' program developed in London, ON. This program is designed to "help men realize the consequences of sexual assault by getting them to open up about masculinity, consent and the impact of their actions" this program has been offered to men at both Fanshawe College and Western University (Bulter & Dubinski, 2018).

ELEMENTARY AND SECONDARY SCHOOLS:

- Provide schools and educators with access to the latest learning modules on HT.
- The need for funding so that modules on HT can be included in regular curriculum and lessons appropriate to each age level. For example, the Children of the Streets initiative in Vancouver, BC offers a unique education and awareness program in the schools for children and youth of all ages.

SOCIAL AND HEALTH SERVICE PROVIDERS:

- Offering ongoing education and training workshops for staff so that they are better able to identify HT amongst the clients they are working with.

- Education on asking the right questions so that clients feel safe to disclose and share their experience so they can access appropriate support services. The Family Services of Peel Trauma Screening Training is a valuable tool to use for CSP.
- Ensure greater communication and collaboration of all community service providers through the Sarnia-Lambton CAHT and the Sarnia-Lambton Social Service Network to ensure effective service delivery for victims and survivors.
- The Sarnia-Lambton CAHT needs to highlight and promote publicly their recent excellent webinar on HT and resources available in the community.

JUSTICE SYSTEM:

- Further training and education for police, prosecutors, judges on the risk factors, what to look for, recruitment strategies, support strategies and dangers to victims and survivors about HT.
- Encourage police to allow their compassionate side of their work to shine through when working with victims, as trust and safety is essential to help victims exit or escape trafficking.
- Training on specific questions and phrases that can be used if they suspect an individual may be involved in HT and how best to respond to a disclosure.
- More information to Police about social and health care resources available to victims and survivors.
- Better preparation for survivors prior to testifying in court.
- A legal system that is not solely reliant of the victim's testimony for prosecuting the trafficker, when the victim may not even see themselves as being trafficked.

- The judicial system puts a lot of onus on the victim for the law to take action to protect them, therefore the need to consider Manitoba's The Child Sexual Exploitation and Human Trafficking Act of 2012 where the law creates a protection order for victims of HT and also allows provision for them to sue their perpetrator in civil law over the harm caused to them.
- Continue programs such as 'Project Spotlight' where OPP and Sarnia Police Services work proactively together on investigations at local motels. These 'knock and talk' initiatives where Sarnia Police Services and Victim Services work together to meet with the girls who are in the sex trade industry and checking in if they need help with an exit strategy and provide them with resources for support.
- Police need more time and energy (funds) to dedicate more time to surveillance work of HT due to its disguised nature.

CONSUMERS (AKA JOHN'S):

- Humanize the sex trade industry by putting a face on the victim, indicating this girl could be your neighbour, niece and or babysitter, to bring HT home to the consumer.
- Increase public awareness in hopes the message of anti-HT will reach consumers who purchase sex. Awareness to the consumer that most victims are not voluntary participants but are coerced, threatened and controlled by a trafficker and forced into offering sex. Most consumers are not aware that the victim does not get full payment for their services.
- Training programs for industry workers, business and employees with an online module on HT, similar mandatory training programs like WHIMIS and AODA.

- More funding and support for 'John Schools' where consumers learn about HT and the impact and trauma it has on the victims and survivors.

2) GAPS IN SERVICES AND SUPPORT SERVICES NEEDED

SAFE HOUSING:

- The need for safe transitional housing for victims and survivors was identified by the majority of key stakeholders in this study.
- There is a significant shortage of affordable housing throughout Canada and it is also a problem in Sarnia-Lambton which increase the vulnerability of those individuals living in poverty. Vulnerability is what traffickers seek out and offer a better life to those individuals with false hopes and promises.
- Safe housing programs like RESET Society of Calgary, AB, Covenant House in Toronto, ON, The HOPE Program in Richmond Hill, ON and A New Day program in Ottawa, ON are some of the excellent residential programs that could be modelled in Sarnia-Lambton for victims and survivors.
- Support services that offer short term housing, life skills, addictions counselling career assessments, job search skills, return to school initiatives, and resume building, etc.

TRAUMA COUNSELLING SERVICES:

- The majority of survivors have experienced trauma, hence the need for trauma informed practice in counselling services. Affordable psychotherapy counselling is a challenge to access for most survivors, as most psychotherapeutic services are fee based in Sarnia-Lambton.

- Survivors do have access to crisis counselling through many excellent health and social services. However, the trauma experienced by survivors is deeply rooted and requires longer term support thus more funding is required to ensure survivors receive this needed help.
- CSP could all benefit from utilization of the Family Services of Peel Trauma Screening Training (Appendix 8) as a tool to help red flag if the client they are working with has been exploited in HT.
- It is essential that all survivors receive non-judgmental, patience and respect in all crisis and counselling services.
- There is a need for more mental health crisis workers to work alongside the police to ensure appropriate support services are available to them. Not all matters require police intervention, yet they are often the first point of contact when people are at risk.
- Counsellors can teach survivors mindfulness exercises to help them cope with anxiety that is triggered from their past traumas. Mindfulness exercises is an excellent self-care strategy for survivors of HT as it helps ground them and find a sense of peace.
- It may be prudent for the provincial and federal government to examine the equity of the allocation of funding for costs of investigation, prosecution, and incarceration of traffickers versus the amount spent to provide trauma counselling and support to victims.

ADDICTIONS COUNSELLING SERVICES:

- Enhancement of detox and addictions counselling for survivors. The majority of survivors also exit HT with an addiction problem. Alcohol and drugs help numb

the pain they experience while trafficked. Drugs are often forced upon the victims by the traffickers so they are easily controlled, more submissive and obedient and now owe drugs debts that keeps them trapped in the trafficking world. The more drugs they need, the more dependent they become on the trafficker to provide them with the drugs. The addictive cycle is enhanced in the trafficking world.

- When a survivor exits or escapes HT, they not only need a safe place to live but require detox and rehabilitation together.
- There is a great need for sexual health nurses to help support victims and provide them with education and prevention health care.

COMMUNITY PROTOCOL AND COLLABORATION:

- Sarnia-Lambton could benefit from a coordinated effort to develop a Community Protocol for HT. This can ensure that victims and survivors can be directed to the first point of access to support services. It enhances their ability to obtain basic needs and navigate the system to access needed support services.

It allows for a collaborative effort from all social, health and police services to create a 'circle of care' for victims and survivors.
- A protocol provides for stronger networking and open communication and direction with a step by step process for the correct conduct and procedures for providers to follow. This wrap around approach increases the sharing of resources, appropriate referrals are made between social services, health care providers and police.
- Navigating the system in an emergency for victims and survivors is an incredible challenge when escaping HT. Combine this with a lack of safety, lack of housing,

addiction issues, no money, no food and limited support. The first point of access must be easily obtained by the victim, the protocol would ensure victims get the required crisis support from Victim Services VQRP program, SASC and the Human Trafficking Hotline.

3) SURVIVORS

- Survivors have the vision to lead the path for new initiatives in communities. By using their voice to share their story, teaches them to become advocates for change.
- Empower survivors to have the courage to use their voice to report traffickers and testify in court proceedings.
- Survivors are empowered by bringing awareness to vulnerable populations by sharing their experience with others, this in turn it allows for self- reflection and helps bring healing and closure to the survivor.
- Survivors have identified the need for peer support group counselling, a safe place to disclose and share confidentially their past experience with trafficking. The peer support group allows the survivor to share without being judged, validate their feelings, support one another and heal together, possibility a drop-in peer support program.
- Survivors need to be encouraged to reach out, be assured they are not alone and support is available if they ask for it. Appreciating their self-worth, life skill sessions that help build their self-esteem and confidence so they believe in themselves and know they are valued.
- Encouraging survivors to also seek help from family, friends and community services. Need to ensure organizations have funds available to cover costs of transportation for victims and survivors. It can be difficult for those living in rural communities to access urban health, social services and counselling.

4) FIRST NATION COMMUNITIES

It is concerning that research studies have indicated that there is an overrepresentation of Indigenous women and girls who are sexually exploited in Canada. Although this research project did not measure the extent of the problem in terms of actual numbers of women and vulnerable populations exploited, it was able to gather information from CSP about what they were seeing in their caseloads as it relates to HT. All three (3) local First Nation communities indicated that the problem exists in their community and is becoming a growing concern amongst all members. The following recommendations come from both the literature review and First Nation members and community service providers and are as follows;

- Public awareness and education as a community wide prevention strategy was highlighted as a priority both in person education and in print awareness campaigns. The programs would include information on warning signs, risk factors and recruitment strategies.
- Look to the survivors for their insight, wisdom and understanding of the problem to help initiate programs and services that can support others and change lives as survivors hold the expertise on what services are needed in the community.
- Provide gender and culture based training of HT for police and officers of the court, so they can be advocates and protectors of victims and survivors rather than further traumatizing women and girls through arrests and blaming. To help them gain knowledge and awareness of victim's backgrounds and understanding of trauma history of victims.
- Development of curriculum in schools to bring awareness to children and youth about HT, focusing on manipulative tactics traffickers use to lure in victims. The education would focus on helping youth make self-respecting choices.

- HT workshops to educators and staff in schools so they can identify warning signs that children and youth are being abused and exploited.
- Provide culturally relevant traditional teachings and healing methods that support Indigenous-specific prevention and awareness programs.
- Implement a pre assessment trauma screening tool to help identify victims and survivors of HT. For example, the Family Services of Peel Trauma Screening Training can be adapted to be culturally sensitive for Indigenous victims and survivors.
- Life skills sessions for survivors to help rebuild their self-esteem and confidence.
- Education and Support to parents who are concerned their children are being exploited already or are being lured into HT.
- Trauma-informed counselling services that is also culture-based and gender based able to support a survivor with cultural and gender sensitivity.
- Provide financial support for survivor's transition to a new life, who may require emergency funding for a safe place to live and relocate and access basic needs.
- A confidential and safe place for survivors to talk and disclose in their community. Private counselling offices was identified as a need in all 3 First Nation communities.
- Enhance collaboration of services in each community, where they can come together and work as one, multi-partner service delivery.
- Engage youth in open discussions to help determine obstacles and solutions that could prevent HT or assist others exiting HT.
- Implement strategies to ensure the safety of communities, keep vulnerable populations safe from being recruited. Teach safety planning to vulnerable populations.
- Improve services for Indigenous people to have better access to detox and rehabilitation facilities for addictions. Some CSP believe addictions is at the core of the problem of HT.

- Provide traditional healing for both Indigenous men and women who have been exposed to trauma and violence in their lives.
- Look to broader issues that may be contributing to conditions that foster exploitation such as poverty, racial injustice, loss of culture, loss of language, loss of identity, residential schools and colonization.
- Provide emergency and transitional short term safe housing for victims and survivors of HT. Safe housing must be far away from dealers, drugs, gangs and other aspect of their life they are trying to leave behind.
- Development of a community protocol specific to each First Nation Community to enhance service delivery, collaboration and communication amongst service providers.
- Implementation of Ontario Native Women's Association Anti-HT framework wraparound approach to enhance collaboration of service providers. It would include a system of policies and programs that are designed from an Indigenous perspective.

CONCLUSION

Throughout this research project, HT was continuously referenced as a hidden societal problem, it is a very profitable and disguised crime. The study learned about the emotional and physical trauma experienced by survivors, the numerous factors that can put anyone at risk of trafficking, the manipulative tactics of traffickers who recruit and lure vulnerable populations, the gaps in services in the community and the support services required to protect victims and survivors in Sarnia-Lambton.

The research team learned a great deal from the survivors interviewed for this research project. The team learned to be compassionate and understanding of the trauma the survivors have endured when they were being exploited by their traffickers. Anyone can be at risk of trafficking and end up as a victim, as it does not discriminate. Survivors hold the shame and fear from the trauma they have experienced while being sexually exploited in HT. A justice system that is ineffective in protecting victims because in order to prosecute traffickers, the court system has to rely heavily on the testimonies of victims to achieve a guilty verdict. Court proceedings are a frightening experience for the average person but particularly intimidating for victims who have already endured threats of violence from their traffickers. Survivors have already shown tremendous courage escaping the dangerous world of trafficking and are reluctant and fearful to face their trafficker again even in a court setting. When full of shame and guilt, the survivor goes underground carrying the tremendous burden of their traumatic experience with them. They are too afraid to say anything to anyone as they fear retribution from their trafficker. If they do reach out it tends to be to get help with basic needs; food, shelter and clothing. Survivors seek out crisis centres, as they are easy to access, have no fees, and can be confidential so their privacy is protected. Survivors also need intensive trauma and addictions counselling along the way.

Once survivors escaped or exited their situation, they sought help and services in their home community of Sarnia-Lambton. Initially, the focus was the need to meet their basic needs. The survivors interviewed also required safety and protection upon exiting/escaping HT. However, only two (2) of the 12 survivors interviewed sought help from the police. The rest were fearful of what might happen to them if they did seek their assistance. Only one (1) of those two (2) cases went forward with charges and prosecution of the trafficker.

Over the past 2 years, the research team also met with 70 CSP in Sarnia-Lambton with 75% indicating they are working with victims who they believe have been involved in sexual HT. The research team also met with 19 Indigenous CSP departments from all three (3) First Nation communities as well as seven (7) Urban Indigenous outreach services in Sarnia-Lambton. They all indicated they too are working with victims who are currently being exploited or have been exploited by traffickers.

Yet, local police data for investigations and charges of HT do not reflect these high numbers observed by our social and health care providers. In 2018, Sarnia Police Services and OPP, together charged five (5) individuals with trafficking of persons and in 2019 combined, they laid two (2) charges to individuals with trafficking of persons (A. Taylor and L. Horan, personal communication, June 2020; D. Whelpley, personal communication, May 2020). This poses a challenge to every community across Canada regarding the significant low numbers of individuals being charged with trafficking versus the high number of people who have reported being sexually exploited in trafficking. Unfortunately, the research team was unable to obtain any data from Walpole Island and Kettle and Stony Point police detachments and Canadian Border Services which has limited the information of the problem in those two (2) communities.

Police acknowledge HT as an underreported crime and shared the challenges they face with tracking and prosecuting HT cases. Police report they are only scratching the surface, as victims are often too afraid to report it and testify against their trafficker. Unfortunately, the Canadian legal system is solely reliant on the victim's testimony in order to prosecute the trafficker, especially when the victim often does not even see themselves as having been trafficked. Police need more time and energy to be able to dedicate additional surveillance to the problem as it is a disguised crime often linked with other criminal activities involving fraud, theft, identity theft, domestic violence, sexual assault, drugs and weapons.

For First Nation communities, HT is also an underreported crime. First Nation police services are often understaffed, underfunded, under-resourced and have unsafe working conditions. This results in their inability to respond appropriately and investigate violence and exploitation to Indigenous women, girls and 2SLGBTQQIA people (National Inquiry into Missing and Murdered Indigenous Women and Girls, 2019a, p. 690). The significant gaps between the low numbers of investigation and charges of HT, and the high numbers who are believed to be victims and survivors of HT by the CSP departments and community members reveals these challenges are faced for every community across the country.

There are over 60 risk factors identified by all CSP that could put an individual at risk of HT. The Indigenous CSP and members indicated over 40 different risk factors. These high numbers of risk factors translate into anyone can be a potential target. There is no definitive answer that makes identifying a potential victim of HT transparent. However, CSP did report that they believe vulnerable and marginalized populations are most often targeted by traffickers. Traffickers prey on the vulnerabilities of at risk populations including; youth, women, homeless, poverty, mental health, addictions, low self-esteem, runaways, 2SLGBTQQIA immigrants, refugees and Indigenous populations.

Traffickers recruit their victims using manipulative and devious tactics to engage and exploit women, youth and those who are most vulnerable. Marginalized and oppressed populations are most often targeted by traffickers. Many of the survivors who participated in this study were young when they entered HT, some as early as 14 years, others were recruited when they were older, one (1) in her early 30's. The average age of recruitment in this study was 22 years. All of the survivors reported having met their trafficker with hopes and promises to fulfill their dreams in unique and persuasive ways. 66% of the survivors did not know they were being trafficked at the time, adding to vulnerability and dependency on the trafficker. All of the survivors stated they lived in fear most of the time, as they often felt abused, threatened, coerced, isolated and controlled by their trafficker.

All communities indicated the need to continue their efforts to combat the fight of HT including public awareness campaigns, more education and training to CSP, adding HT curriculum in schools, safe housing for survivors, enhanced detox and addictions counselling, life skills support and free and accessible long-term counselling. Enhancing these programs and supports for survivors will lead to greater collaboration amongst CSP ensuring effective service delivery and wrap around care. Local CSP in both Sarnia-Lambton and First Nation communities continue to be concerned about working with victims who are currently being exploited or have been exploited by traffickers. Gaps in services and challenges were addressed by all CSP including the need for a community protocol on HT. This protocol would enhance cooperation and collaboration of services to best meet the needs and support of survivors. Also, survivors need the courage to report their trafficker to the police which will help police track and charge them. Combined these efforts will help bring us closer to combatting this hidden and violent crime.

In addition, the First Nation communities also emphasized the need to return to Indigenous cultural teachings; traditional roots, culture, language and spiritual healing as essential for healing. Their insight, knowledge and desire to help their community members was inspiring. There is a need to strive for 'harmony' and work collaboratively in each community as this harmony will heal victims and survivors of HT. Returning to the origins of Anishnawbe culture and the foundational Ojibway tradition of the Seven Grandfather teachings will help people find harmony (Wagamese, 2019, p. 13). These traditional teachings are valued and will help in healing and connecting back with traditional culture. "We become one drum beating together in a common purpose—and we are healed" (Wagamese, 2019, p. 28).

The local First Nation communities have a strong desire to protect their vulnerable members and committed to working towards prevention strategies to deter recruitment and exploitation of at risk and marginalized populations.

It is important to get the message out to everyone in the community of Sarnia-Lambton and in the First Nation communities, that it is important for all community members to report suspicious behavior that could put vulnerable and disadvantaged populations at risk of exploitation.

Everyone is responsible for becoming more aware of this growing problem, understanding the warning signs and making the community safe. The general public can help significantly by reporting suspicious behaviour to the police and/or Crime Stoppers. The Canada-wide Human Trafficking Hotline is a helpful resource to victims and survivors, this 24-hour crisis phone number needs to be visible in all communities.

The research project also involved over 200 Lambton College students with public awareness training on HT which included powerful presentations from two (2) local survivors. Students also volunteered to complete a questionnaire about their knowledge on HT. The research concluded there is a general overall knowledge of HT amongst the college population. Students also have

some insight on what to do if someone they know is at risk of exploitation or requires help or services.

Numerous survivors have shared that participation in this research has empowered them to cultivate their thoughts and allowed their voices to be heard. Some of the survivors in this study were ready to publicly speak out and share their story in an effort to prevent and protect others falling victim to sexual exploitation. These survivors reported feeling heard and detached from their past experience rather than emotionally triggered by it. For some, it helped with their healing journey and put more closure and distance between their lives now and their experience then. Each survivor was courageous and motivated to help and share their wisdom and insights about the gaps in services and needs for victims and survivors of HT in their community.

Over two (2) years, the research team gained insight into the dangerous lives lived by survivors. Many didn't even know they were being exploited at the time and truly believed in their 'boyfriend relationship.' Only as survivors began to learn about sexual exploitation, they came to realize they were actually exploited and trafficked. These survivors hold the vision from their experiences of what is needed in this community. They have become the voice for this research, and are truly the change agents for Sarnia-Lambton.

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APPENDIX 1- LIST OF COMMUNITY SERVICE PROVIDER PARTICIPANTS

The Research Team reached out to all CSP in the Sarnia-Lambton community who may have or in future work will support victims and survivors of HT. The Research Team is appreciative of all CSP who agreed to participate in this project by sharing their knowledge and insight.

Some CSP did decline the invitation to participate or were unable to schedule a time to meet. The Research Team hopes that this report will spark conversations between all participants as well as those who were unable to participate.

Sarnia-Lambton Community Service Providers	
Big Brother's Big Sister's	MP Sarnia-Lambton
Bluewater Health <ul style="list-style-type: none"> Addiction Services Emergency Department Mental Health and Addiction Services Sexual and Domestic Assault Treatment Centre 	MPP Sarnia-Lambton
Bluewater Methadone Clinic	Life's Seasons
Boys and Girls Club Sarnia	North Lambton Community Health Centre
Canadian Mental Health Association	Organization for Literacy
Central Lambton Family Health Team—Social Work Team	Ontario Works
Circles	OPP—Corunna Detachment
Community Law School	Probation and Parole Services
Community Legal Assistance Sarnia	Rapids Parkway—Social Work Team
Community Living	Réseau-Femmes Du Sud-Quest L'Ontario
County of Lambton <ul style="list-style-type: none"> Housing Services Department Local Immigration Partnership 	Salvation Army
Coordinating Committee on Violence Against Women Sarnia-Lambton	Sarnia Evangelical Church
Erie St. Clair Local Health Integration Network <ul style="list-style-type: none"> Mental Health and Addictions Nurses 	Sarnia Jail—Social Work
Family Counselling Centre <ul style="list-style-type: none"> Clinical Director Distress Line Coordinator 	Sarnia-Lambton Children's Aid Society
Family Health Practitioner	Sarnia-Lambton Rebound
Huron House Boys Home	Sarnia Police Services
Inn of the Good Shepherd <ul style="list-style-type: none"> Executive Director Intake Department Rent/Utility Liaison 	St Clair Catholic School Board Mental Health and Addictions Lead

John Howard Society	St. Clair Child and Youth
Lambton College <ul style="list-style-type: none"> • Activities Director for International Students • Health and Wellness • Residence • S.A.C. 	The Haven
Lambton County Developmental Services	The Hub
Lambton Kent District School Board <ul style="list-style-type: none"> • Mental Health and Addictions Lead • Student Support Officer 	The Workplace Group
Lambton Public Health	Victim Services of Sarnia Lambton
Lambton Mental Wellness Centre	Victim Witness Assistance Program
Lambton Refugees Network	YMCA Immigration and Settlement Services
Life's Seasons	West Lambton Community Health Centre
Mayor of Sarnia	Women's Interval Home

Urban Indigenous Community Service Providers

Bluewater Health <ul style="list-style-type: none"> • Indigenous Patient Navigator 	Inn of the Good Shepherd <ul style="list-style-type: none"> • Redpath Program
Community Legal Assistance Sarnia <ul style="list-style-type: none"> • Indigenous Liaison 	Sarnia Jail <ul style="list-style-type: none"> • Correctional Officer
Direct Accountability Program (Ministry of the Attorney General)	Sarnia-Lambton Native Friendship Centre

Aamijwnaang Community Service Providers

Health Services	Sarnia-Lambton Children's Aid Society—Indigenous Team
Life Season's Aamijwnaang Representatives	

Kettle and Stony Point Community Service Providers

Child Welfare	Health Services
Sarnia-Lambton Children's Aid Society—Indigenous Team	

Walpole Island Community Service Providers

Band Council Representative	Employment and Training
Bkejwanog Biiweziimag Kinomaagziwaad—Family Place of Learning <ul style="list-style-type: none"> • Child and Family Centre 	Three Fires Ezhignowenmindwaa Women's Shelter
Centre of Social Justice	Ontario Works
Community Health Program	Sarnia-Lambton Children's Aid Society—Indigenous Team
Community Services	Social Service <ul style="list-style-type: none"> • Justice Team • Family Support & Children's Services
Enodmaagejig Social Services	Wayout Counselling Services

APPENDIX 2- COMMUNITY SERVICE PROVIDER CONSENT FORM

APPENDIX 26



A Coordinated Response to Assess Human Trafficking in Terms of the Problem, Prevention, and Empowerment **Letter of Information and Consent—Community Service Providers**

The goal of this research project funded by Natural Sciences and Engineering Research Council of Canada (NSERC) is to explore strategies on prevention, empowerment, and support for vulnerable populations, victims and survivors of human trafficking in Sarnia-Lambton and its Indigenous and Francophone communities. The research team plans to explore questions regarding the growth of this hidden and complex problem, examine factors that put individuals at risk, gaps in services, prevention strategies to empower individuals, and how best to support victims and survivors in our community. You are being invited to participate in this research because we believe your professional insight will assist in our knowledge and understanding of human trafficking.

The interview process is expected to take no longer than 30 minutes to complete. Two members of our research team will be present at the interview, Project Coordinator Ruth Geurts and Researcher Sarah Morrow. We ask that you answer questions to the best of your ability and you are free to skip any question, as all questions optional. The questions consist of "yes/no", check all that apply and open-ended. The questions will ask your professional knowledge of the problem and services available to victims and survivors in our community.

All responses will be collected through handwritten scribing onto a hard copy document. Your data collection document and consent form will be moved to the Applied Research department at Lambton College via a locked briefcase and will be stored in separate cabinets. At the end of the study, your individual data collection document will be shredded in the Applied Research department. Your responses will be cumulated along with other interviews to establish key themes about the underlying problem of human trafficking. This thematic analysis will be secured and delivered via a locked briefcase to the Sexual Assault Survivors' Centre Sarnia-Lambton (SASCSL) and stored in a locked cabinet for seven years. After this time, all data will be destroyed by the acting Executive Director of SASCSL. A summary of the findings will be presented in a final report which will be provided to you by the research team via email in summer 2020.

You are free to withdraw participation from this interview at any time with no consequences. You can withdraw your participation by walking away from this interview or requesting to withdraw your responses following your interview. If you withdraw your participation, all hard copy data will be shredded and will not be included in the study. Should you choose to withdraw, please contact the research team.

You may not directly benefit from participating in this study but information gathered may increase the body of knowledge about human trafficking, which may lead to prevention, empowerment, and support of vulnerable populations, victims and survivors in Sarnia-Lambton.

APPENDIX 26

Should at any time during the interview you provide the research team with information regarding the safety of others or criminal activity, they have the responsibility and duty to report the information to the proper authorities where applicable.

Any questions and/or concerns regarding ethical practices of this research can be sent to the Research Ethics Board at REB@lambtoncollege.ca. For any questions regarding the research project, please contact Ruth Geurts at Ruth.Geurts@lambtoncollege.ca.

Thank you from the Research Team

This letter is yours to keep for future reference.



**A Coordinated Response to Assess Human Trafficking in Terms of the
Problem, Prevention, and Empowerment
Written Consent—Community Service Providers**

I, _____, agree that I have had the purpose of the interview process explained to me.

I am aware that the information obtained will be utilized solely for research purposes by the Sexual Assault Survivors' Centre Sarnia-Lambton.

I understand that all questions are optional and that I can withdraw participation at any time with no consequences.

I understand that if I provide the research team with information regarding the safety of others or criminal activity during this interview, they have the responsibility and duty to report this information to the proper authorities where applicable.

I understand that the research team will provide a copy of the final report of the research via email in summer 2020.

I agree to participate in this interview.

Print Name of Participant

Signature

Date (DD-MM-YYYY)

Print Name of Witness

Signature

Date (DD-MM-YYYY)

APPENDIX 3- SURVIVOR INTERVIEW QUESTIONS

APPENDIX 20



A Coordinated Response to Assess Human Trafficking in Terms of the Problem, Prevention, and Empowerment Interview—Survivors of Human Trafficking

Participant Code #: _____ Date: _____
 Agency Referred By: _____
 Counsellor Name: _____

The mission statement for this research project is to explore strategies on prevention and empowerment to support for victims and survivors of human trafficking in Sarnia-Lambton and its Indigenous and Francophone communities.

Thank you for participating in this interview, the process will take approximately 75 minutes to complete. Please answer questions to the best of your ability and you are free to skip any question as all questions are optional. You are free to withdraw participation at any time. Your personal identity will not be recorded on this document and will not be connected to your answers. The interview will be audio recorded to ensure all answers are properly transcribed. Following the documentation of the data, the audio recording will be permanently deleted. Should at any time you provide the research team with information regarding the safety of others or of criminal activity, they have the responsibility and duty to report the information to the proper authorities where applicable.

1. Did you know what human trafficking and sexual exploitation was prior to this interview?
☐ Yes ☐ No

2. What age were you when you became exploited in human trafficking?

3. How did you meet your boyfriend/trafficker/homeboy/boyz/abuser/manager?

4. Did you know you were being exploited at the time?
☐ Yes ☐ No

Please explain:

APPENDIX 20

5. a. Were you involved in human trafficking:

i) In your home community? Yes ☐ No ☐

ii) Outside of your home community? Yes ☐ No ☐

iii) Both? Yes ☐ No ☐

b. How long were you exploited?

c. In what ways were you exploited?

6. a. Do you believe women, girls and boys are at risk of being trafficked in your home community?

☐ Yes ☐ No

b. If yes, who is recruiting these population groups?

i) Non-Indigenous members of your home community? Yes ☐ No ☐

ii) Indigenous members of your home community? Yes ☐ No ☐

iii) Individuals outside of your home community? Yes ☐ No ☐

iv) All? Yes ☐ No ☐

v) Unsure Yes ☐ No ☐

7. a. Were you involved with recruiting others into human trafficking?

☐ Yes ☐ No

If yes, explain:

b. Did you recruit Indigenous women and girls? Yes ☐ No ☐

c. Did you recruit Non-Indigenous women and girls? Yes ☐ No ☐

d. Did you recruit men and boys? Yes ☐ No ☐

8. Were you involved in/given the responsibility of looking after others in human trafficking?

☐ Yes ☐ No

If yes, please explain:

APPENDIX 20

9. Did your family and friends know you were being exploited?

☐ Yes ☐ No

If yes, please explain:

10. Did you ever try to leave your situation?

☐ Yes ☐ No

a. If yes, please explain how you did this:

b. How many times did you try to leave?

c. Did you leave your situation and return by choice?

d. Explain what made it difficult to leave.

11. a. Did you return to your home community?

☐ Yes ☐ No

b. Please explain reasons behind your destination of choice.

c. If you did not return to your home community, please explain.

12. What support services in your community did you use? Please check all that apply:

<input type="checkbox"/> Addiction Services	<input type="checkbox"/> Financial support	<input type="checkbox"/> Safety Planning
<input type="checkbox"/> Advocacy	<input type="checkbox"/> Food Banks	<input type="checkbox"/> Transportation
<input type="checkbox"/> Clothes	<input type="checkbox"/> Healthcare	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Counselling	<input type="checkbox"/> Housing (Shelter)	_____
<input type="checkbox"/> Crisis work	<input type="checkbox"/> Networking	_____
<input type="checkbox"/> Education/Resources	<input type="checkbox"/> Police Services	

13. What support services did you seek from outside of your community? Please check all that apply.

<input type="checkbox"/> Addiction Services	<input type="checkbox"/> Financial support	<input type="checkbox"/> Safety Planning
<input type="checkbox"/> Advocacy	<input type="checkbox"/> Food Banks	<input type="checkbox"/> Transportation
<input type="checkbox"/> Clothes	<input type="checkbox"/> Healthcare	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Counselling	<input type="checkbox"/> Housing (Shelter)	_____
<input type="checkbox"/> Crisis work	<input type="checkbox"/> Networking	_____
<input type="checkbox"/> Education/Resources	<input type="checkbox"/> Police Services	

APPENDIX 20

14. How did you find out about these services both in your home community and outside of your community?

15. Please identify the **Agencies/Organizations** that provided you with support (past/present).

16. What services were not helpful at the time you were exploited or after you left the situation?

17. What services were most beneficial to you personally? Please check all that apply:

- | | | |
|--|--|--|
| <input type="checkbox"/> Addiction Services | <input type="checkbox"/> Financial support | <input type="checkbox"/> Safety Planning |
| <input type="checkbox"/> Advocacy | <input type="checkbox"/> Food Banks | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Clothes | <input type="checkbox"/> Healthcare | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Counselling | <input type="checkbox"/> Housing (Shelter) | _____ |
| <input type="checkbox"/> Crisis work | <input type="checkbox"/> Networking | _____ |
| <input type="checkbox"/> Education/Resources | <input type="checkbox"/> Police Services | |

18. Are there any support services you are currently utilizing? Please check all that apply:

- | | | |
|--|--|--|
| <input type="checkbox"/> Addiction Services | <input type="checkbox"/> Financial support | <input type="checkbox"/> Safety Planning |
| <input type="checkbox"/> Advocacy | <input type="checkbox"/> Food Banks | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Clothes | <input type="checkbox"/> Healthcare | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Counselling | <input type="checkbox"/> Housing (Shelter) | _____ |
| <input type="checkbox"/> Crisis work | <input type="checkbox"/> Networking | _____ |
| <input type="checkbox"/> Education/Resources | <input type="checkbox"/> Police Services | |

19. What do you believe you needed most to have prevented you from being exploited/trafficked?

20. What advice would you give to individuals who are currently being exploited/trafficked?

21. How do you believe our community can prevent young women and men from being lured into human trafficking? Please give suggestions under each category:

Friends/Family: _____

APPENDIX 20

Social Service Agencies: _____

Health Care Providers: _____

Police and Justice System: _____

Hotels: _____

Strip Clubs: _____

Restaurants/Bars: _____

Casinos: _____

Other: _____

Questions/Comments?

The research team would like to thank you for your time and honest input. Each community will be given a final report of the data collected for their community. The final report for Sarnia-Lambton will have the results for each community compiled together into one category. A copy of the full report will be provided to your community service provider.

APPENDIX 4- INDIGENOUS SURVIVOR INTERVIEW QUESTIONS

APPENDIX 22



**A Coordinated Response to Assess Human Trafficking in Terms of the
Problem, Prevention, and Empowerment
Interview— Indigenous Survivors of Human Trafficking**

Participant Code #: _____ Date: _____
 Agency Referred By: _____
 Counsellor Name: _____

The mission statement for this research project is to explore strategies on prevention and empowerment to support for victims and survivors of human trafficking in Sarnia-Lambton and its Indigenous and Francophone communities.

Thank you for participating in this interview, the process will take approximately 75 minutes to complete. Please answer questions to the best of your ability and you are free to skip any question as all questions are optional. You are free to withdraw participation at any time. Your personal identity will not be recorded on this document and will not be connected to your answers. The interview will be audio recorded to ensure all answers are properly transcribed. Following the documentation of the data, the audio recording will be permanently deleted. Should at any time you provide the research team with information regarding the safety of others or of criminal activity, they have the responsibility and duty to report the information to the proper authorities where applicable.

1. Did you know what human trafficking and sexual exploitation was prior to this interview?
☐ Yes ☐ No

2. What age were you when you became exploited in human trafficking?

3. How did you meet your boyfriend/trafficker/homeboy/boyz/abuser/manager?

4. Did you know you were being exploited at the time?
☐ Yes ☐ No

Please explain:

APPENDIX 22

5. a. Were you involved in human trafficking:

- i) In your home community? Yes ☐ No ☐
- ii) Outside of your home community? Yes ☐ No ☐
- iii) Both? Yes ☐ No ☐

b. How long were you exploited?

c. In what ways were you exploited?

6. a. Do you believe women, girls and boys are at risk of being trafficked in your home community?

☐ Yes ☐ No

b. If yes, who is recruiting these population groups?

- i) Indigenous members of your home community? Yes ☐ No ☐
- ii) Individuals outside of your home community? Yes ☐ No ☐
- iii) All? Yes ☐ No ☐
- iv) Unsure Yes ☐ No ☐

7. a. Do you think women, girls and boys are at risk of being trafficked by recruiters from outside of your home community?

☐ Yes ☐ No

If yes, please explain:

8. a. Were you involved with recruiting others into human trafficking?

☐ Yes ☐ No

If yes, explain:

- b. Did you recruit Indigenous women and girls? Yes ☐ No ☐
- c. Did you recruit Non-Indigenous women and girls? Yes ☐ No ☐
- d. Did you recruit men and boys? Yes ☐ No ☐

APPENDIX 22

9. Were you involved in/given the responsibility of looking after others in human trafficking?

☐ Yes ☐ No

If yes, please explain:

10. Did your family and friends know you were being exploited?

☐ Yes ☐ No

If yes, please explain:

11. Did you ever try to leave your situation?

☐ Yes ☐ No

a. If yes, please explain how you did this:

a. How many times did you try to leave?

c. Did you leave your situation and return by choice?

d. Explain what made it difficult to leave.

12. a. Did you return to your home community?

☐ Yes ☐ No

b. Please explain reasons behind your destination of choice.

c. If you did not return to your home community, please explain.

13. What support services in your community did you use? Please check all that apply:

- | | | |
|--|--|--|
| <input type="checkbox"/> Addiction Services | <input type="checkbox"/> Financial support | <input type="checkbox"/> Safety Planning |
| <input type="checkbox"/> Advocacy | <input type="checkbox"/> Food Banks | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Clothes | <input type="checkbox"/> Healthcare | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Counselling | <input type="checkbox"/> Housing (Shelter) | _____ |
| <input type="checkbox"/> Crisis work | <input type="checkbox"/> Networking | _____ |
| <input type="checkbox"/> Education/Resources | <input type="checkbox"/> Police Services | |

APPENDIX 22

14. What support services did you seek from outside of your community? Please check all that apply.

- | | | |
|--|--|--|
| <input type="checkbox"/> Addiction Services | <input type="checkbox"/> Financial support | <input type="checkbox"/> Safety Planning |
| <input type="checkbox"/> Advocacy | <input type="checkbox"/> Food Banks | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Clothes | <input type="checkbox"/> Healthcare | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Counselling | <input type="checkbox"/> Housing (Shelter) | _____ |
| <input type="checkbox"/> Crisis work | <input type="checkbox"/> Networking | _____ |
| <input type="checkbox"/> Education/Resources | <input type="checkbox"/> Police Services | |

15. How did you find out about these services both in your home community and outside of your community?

16. Please identify the **Agencies/Organizations** that provided you with support (past/present).

17. What services were not helpful at the time you were exploited or after you left the situation?

18. What services were most beneficial to you personally? Please check all that apply:

- | | | |
|--|--|--|
| <input type="checkbox"/> Addiction Services | <input type="checkbox"/> Financial support | <input type="checkbox"/> Safety Planning |
| <input type="checkbox"/> Advocacy | <input type="checkbox"/> Food Banks | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Clothes | <input type="checkbox"/> Healthcare | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Counselling | <input type="checkbox"/> Housing (Shelter) | _____ |
| <input type="checkbox"/> Crisis work | <input type="checkbox"/> Networking | _____ |
| <input type="checkbox"/> Education/Resources | <input type="checkbox"/> Police Services | |

19. Are there any support services you are currently utilizing? Please check all that apply:

- | | | |
|--|--|--|
| <input type="checkbox"/> Addiction Services | <input type="checkbox"/> Financial support | <input type="checkbox"/> Safety Planning |
| <input type="checkbox"/> Advocacy | <input type="checkbox"/> Food Banks | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Clothes | <input type="checkbox"/> Healthcare | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Counselling | <input type="checkbox"/> Housing (Shelter) | _____ |
| <input type="checkbox"/> Crisis work | <input type="checkbox"/> Networking | _____ |
| <input type="checkbox"/> Education/Resources | <input type="checkbox"/> Police Services | |

20. What do you believe you needed most to have prevented you from being exploited/trafficked?

APPENDIX 22

21. What advice would you give to individuals who are currently being exploited/trafficked?

22. How do you believe our community can prevent young women and men from being lured into human trafficking? Please give suggestions under each category:

Friends/Family:

Social Service Agencies:

Health Care Providers:

Police and Justice System:

Hotels:

Strip Clubs:

Restaurants/Bars:

Casinos:

Other:

Questions/Comments?

The research team would like to thank you for your time and honest input. Each community will be given a final report of the data collected for their community. The final report for Sarnia-Lambton will have the results for each community compiled together into one category. A copy of the full report will be provided to your community service provider.

APPENDIX 5- SURVIVOR PRE-SCREENING ASSESSMENT TOOL

APPENDIX 30



**A Coordinated Response to Assess Human Trafficking in Terms of the Problem,
Prevention, and Empowerment
Survivor Readiness Checklist and Screening Tool**

All survivors must be willing and voluntary participants. Prior to completing the interview questions, all participants will complete a consent form which will advise participants the risks and benefits for participating in the research and the timeline and commitment to completing the interview questions. All survivors will be informed of the confidentiality of personal identification and that they will be given an alpha-numerical code that protects their identity. Participants will also be informed that the majority of data and information collected will be compiled and presented in an aggregate format. All survivors will be assessed by their counsellor by using this screening tool if they are currently coping well to participate in the research. A summary of the findings will be presented in a final report which will be available from the referring community service provider.

- **Survivor Readiness:** Please check boxes agree to statements below:

- ☐ Is this survivor willing to participate in a survivor interview?
- ☐ Does this survivor understand the potential risks and benefits, limits to confidentiality, and time commitment involved?
- ☐ Is this survivor at a relatively stable point in their life?
- ☐ Is this survivor at a relatively stable point in their healing and coping with sexual and/or labour exploitation?
- ☐ Is this survivor fluent in English?
- ☐ Is this survivor over the age of 18?

Note: All Survivor Readiness boxes above must be checked before proceeding with the interview.

Survivor Requirements: Please check boxes agree to statements below:

- ☐ Large font documents
 - ☐ French translation of interview questions in writing only
 - ☐ Visual review of interview questions during the interview process
 - ☐ Use of assistive devices/computer/software to respond to interview questions
 - ☐ Interview questions in other accessible formats (please identify if required)
-
- ☐ Other accessibility requirements for visible/non-visible disabilities (please identify if required)
-

Note: If any Survivor Requirement boxes are checked, then it is the Research team's responsibility to meet these requirements prior to the interview.

Note: Survivors who would like to use the French translated interview questions must participate and answer questions in English.

APPENDIX 6- LAMBTON COLLEGE STUDENT QUESTIONNAIRE

APPENDIX 24



A Coordinated Response to Assess Human Trafficking in Terms of the Problem, Prevention, and Empowerment Questionnaire— Lambton College Students

(Participant will read Consent Form and “Agree” to Consent through the Survey Monkey app)

1. Please identify your age range.

<input type="checkbox"/> 18-20	<input type="checkbox"/> 30-32
<input type="checkbox"/> 21-23	<input type="checkbox"/> 33-35
<input type="checkbox"/> 24-26	<input type="checkbox"/> 36-38
<input type="checkbox"/> 27-29	<input type="checkbox"/> 39+

2. Gender?
 - ☐ Female
 - ☐ Male
 - ☐ Other

3. How many hours a day do you spend online and/or using social media apps?
 - ☐ 0-2 hours
 - ☐ 3-4 hours
 - ☐ 5-6 hours
 - ☐ 7+ hours

4. Please select the best definition of human trafficking.
 - a. Practice or occupation of engaging in sexual activity for payment.
 - b. When individuals are forced or coerced into sex work or forced labour against their will.
 - c. Transportation of persons across country borders.
 - d. All of the above.

5. Please select the best definition of sexual exploitation.
 - a. The sexual acts of an individual in exchange for drugs, food, shelter, protection, money, or other basics of life.
 - b. Involving of children and youth in creating pornography.
 - c. Sexual abuse of children and youth through the exchange of sex.
 - d. All of the above.

6. Have you received any education and/or training on human trafficking?
 Yes ☐ No ☐

7. Would you like to know more about human trafficking?

APPENDIX 24

Yes ☐ No ☐

(If no is selected, Survey Monkey will skip to question 9. If yes is selected, Survey Monkey will proceed to question 8.)

8. If yes, how would you like to learn more about human trafficking? Please check all that apply:

<input type="checkbox"/> Brochure	<input type="checkbox"/> Education seminar/workshop
<input type="checkbox"/> Online module	<input type="checkbox"/> Social media group/chat group
<input type="checkbox"/> Guest speaker	<input type="checkbox"/> Other

9. Please indicate potential warning signs of a person potentially being lured into human trafficking. Please check all that apply:

<input type="checkbox"/> Alcohol or drug abuse	<input type="checkbox"/> Low self-esteem
<input type="checkbox"/> Always in the presence of someone else	<input type="checkbox"/> Low status in the family
<input type="checkbox"/> Appear to be under surveillance/guarded	<input type="checkbox"/> Malnutrition, dehydration, poor hygiene
<input type="checkbox"/> Avoiding eye contact	<input type="checkbox"/> Mental health concerns
<input type="checkbox"/> Cannot leave their job	<input type="checkbox"/> No personal identification
<input type="checkbox"/> Dependency	<input type="checkbox"/> Not familiar with the area/transient
<input type="checkbox"/> Fearful	<input type="checkbox"/> Promiscuous behaviour or activity
<input type="checkbox"/> Inability to communicate for themselves	<input type="checkbox"/> Sexual Transmitted Infection
<input type="checkbox"/> In good general health	<input type="checkbox"/> Signs of physical abuse
<input type="checkbox"/> Isolation	<input type="checkbox"/> Signs of psychological abuse
<input type="checkbox"/> Lack of parental guidance/supervision	<input type="checkbox"/> Signs of rape or sexual abuse
<input type="checkbox"/> Little or no money	<input type="checkbox"/> Tattoos for marking
<input type="checkbox"/> Loneliness	<input type="checkbox"/> Other

10. Do you believe people are at risk of being lured into human trafficking in Sarnia-Lambton including its Indigenous and Francophone communities?

Yes ☐ No ☐ Unsure ☐

11. Are you aware that human trafficking is illegal for both the trafficker and the consumer?

Yes ☐ No ☐

12. Would you know where to get help for a victim of human trafficking?

Yes ☐ No ☐

13. Are you aware that Sexual Assault Survivors' Centre Sarnia-Lambton provides counselling services and support to victims of human trafficking?

Yes ☐ No ☐

14. What would you do if a person who is at-risk or was involved in human trafficking reached out to you for help? You would... Please check all that apply:

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- ☐ Do nothing
- ☐ Protect their identify and help them myself
- ☐ Call the police
- ☐ Call Sexual Assault Survivors' Centre in relevant community
- ☐ Call Human Trafficking Helpline
- ☐ Refer them to the hospital or health care professional
- ☐ Refer them to a counsellor or worker
- ☐ Go online and look up information and resources
- ☐ Tell a professor
- ☐ Other

We would like to thank you for your honest input and please accept a small gift of chocolate or pencil in appreciation for your time. You can access a copy of the executive summary of the results on the Sexual Assault Survivors' Centre Sarnia-Lambton website in the summer of 2020.

Due to the sensitive nature of this topic, counsellors from Sexual Assault Survivors' Centre Sarnia-Lambton are onsite to provide you with support if you require it. School counsellors from the Counselling Centre are also available should you require additional support. If you or someone you know might be at risk, you may call the Ontario's confidential human trafficking helpline at 1-833-999-9211.

APPENDIX 7- COMMUNITY SERVICE PROVIDER INTERVIEW QUESTIONS

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A Coordinated Response to Assess Human Trafficking in Terms of the Problem, Prevention, and Empowerment **Interview—Community Service Providers**

Organization: _____ Date: _____

Interviewer: _____

The mission statement for this research project is to explore strategies on prevention and empowerment to support for victims and survivors of human trafficking in Sarnia-Lambton and its Indigenous and Francophone communities.

Thank you for participating in this interview, the process will take approximately 30 minutes to complete. Please answer questions to the best of your ability as all questions are optional. You are free to withdraw participation at any time. Should at any time you provide the research team with information regarding the safety of others or of criminal activity, they have the responsibility and duty to report the information to the proper authorities where applicable.

1. Has your agency and staff had any training on human trafficking? Yes ☐ No ☐

If yes, by who, when and where.

What part of the training was helpful? What part of the training was not helpful?

If no, would you be interested in future training for your staff and your organization?

Yes ☐ No ☐

2. Has your agency been involved with any clients who you believe have been involved with Human Trafficking? Yes ☐ No ☐ Unsure ☐ Labour ☐ Sexual ☐

If no, skip to question 3. If yes:

a. Approximate number of clients per year? _____

b. Did your agency and staff believe they were well prepared and knowledgeable in order to support the survivor of human trafficking? Yes ☐ No ☐

c. How did these clients come to your agency's attention? Please check all that apply:

☐ Self-referred

☐ Existing Client

☐ Referred by friend or family

☐ Referred by Community Provider
(Please indicate): _____

☐ Other: _____

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3. Has your agency had clients who have shown potential warning signs of being trafficked?

Please check all that apply:

- | | |
|--|--|
| <input type="checkbox"/> Alcohol or drug abuse | <input type="checkbox"/> Low status in the family |
| <input type="checkbox"/> Always in the presence of someone else | <input type="checkbox"/> Malnutrition, dehydration, poor hygiene |
| <input type="checkbox"/> Appear to be under surveillance/guarded | <input type="checkbox"/> Mental Health Concerns |
| <input type="checkbox"/> Avoiding eye contact | <input type="checkbox"/> No personal identification |
| <input type="checkbox"/> Cannot leave their job | <input type="checkbox"/> Not familiar with the area/transient |
| <input type="checkbox"/> Dependency | <input type="checkbox"/> Promiscuous behaviour or activity |
| <input type="checkbox"/> Fearful | <input type="checkbox"/> Sexually Transmitted Infections |
| <input type="checkbox"/> Inability to communicate for themselves | <input type="checkbox"/> Signs of physical abuse |
| <input type="checkbox"/> In good general health | <input type="checkbox"/> Signs of psychological abuse |
| <input type="checkbox"/> Isolation | <input type="checkbox"/> Signs of rape or sexual abuse |
| <input type="checkbox"/> Lack of parental guidance/supervision | <input type="checkbox"/> Tattoos for marking |
| <input type="checkbox"/> Little or no money | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Loneliness | _____ |
| <input type="checkbox"/> Low Self-Esteem | |

4. Which demographic/population group do you believe are most at risk of human trafficking?

5. Does your organization have support services for victims and survivors of human trafficking?

Please identify the services available:

- | | | |
|---|--|--|
| <input type="checkbox"/> Addictions counselling | <input type="checkbox"/> Financial support | <input type="checkbox"/> Safety Planning |
| <input type="checkbox"/> Advocacy | <input type="checkbox"/> Healthcare | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Basic needs | <input type="checkbox"/> Housing | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Counselling | <input type="checkbox"/> Networking | _____ |
| <input type="checkbox"/> Crisis work | <input type="checkbox"/> Police Services | _____ |
| <input type="checkbox"/> Education | <input type="checkbox"/> Resources | |

If no, please explain why below:

6. Please identify the current gaps in services for survivors of human trafficking in Sarnia-Lambton?

7. Do you believe human trafficking is a growing problem;

In Canada? Yes ☐ No ☐

In Ontario? Yes ☐ No ☐

In Sarnia-Lambton? Yes ☐ No ☐

In Indigenous Communities? Yes ☐ No ☐

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8. Please identify factors that you believe put individuals at risk of being trafficked. Please check all that apply:

- | | | |
|---|--|--|
| <input type="checkbox"/> Addictions | <input type="checkbox"/> Lack of confidence | <input type="checkbox"/> Racism |
| <input type="checkbox"/> Childhood abuse/trauma | <input type="checkbox"/> Lack of education | <input type="checkbox"/> Rape Culture |
| <input type="checkbox"/> Dependency issues | <input type="checkbox"/> Lack of supervision | <input type="checkbox"/> Sexual Violence |
| <input type="checkbox"/> Disabilities | <input type="checkbox"/> Low self-esteem | <input type="checkbox"/> Social Media |
| <input type="checkbox"/> Domestic Violence | <input type="checkbox"/> Mental Health | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Homelessness | <input type="checkbox"/> Patriarchy | _____ |
| <input type="checkbox"/> Intergenerational Trauma | <input type="checkbox"/> Peer Pressure | _____ |
| | <input type="checkbox"/> Poverty | |

9. What other potential luring-strategies are you aware of that could be used to attract victims for the purpose of human trafficking?

10. What do you believe is needed in this community to address the potentially growing problem of human trafficking?

11. Who do you believe are the consumers of human trafficking in our community?

12. How can our community reach consumers to prevent human trafficking in Sarnia-Lambton?

Questions/Comments?

The research team would like to thank you for your time and honest input. Copies of the final report will be provided to each community service agency by the research team. You may also access a copy of the executive summary of the results on the SASCSL website.

APPENDIX 8- FAMILY SERVICES OF PEEL TRAUMA SCREENING TRAINING

Throughout the report reference has been given to a Trauma Screening Training, the research team had the opportunity to attend the one-day training to learn more about trauma and the long term impact on individuals and how to use the toolkit to assess clients for trauma. The SASC offered this training for 50 participants from diverse social welfare backgrounds from the Sarnia-Lambton area, including the First Nation communities. This is valuable training for staff working with clients who have experienced trauma, including individuals who have been exploited in the sex trade.

The *Peel Trauma Screening Training* is an innovative trauma screening course developed by the Peel Institute on Violence Prevention and the Seamless Services for Mental Health, Addiction and Trauma Committee, a collaboration of over 12 organizations (Family Services of Peel, personal communication, June 2020). These organizations came together to “address the need to improve mental health, addictions and trauma services in Peel through a universal screening tool” (Family Services of Peel, personal communication, June 2020).

“The training is primarily informed by a social justice perspective utilizing the social determinants of health and well-being, the trauma screening tool and how to use it and trauma stewardship” (Family Services of Peel, personal communication, June 2020). “The course is for human and social services workers, psychologists, psychiatrists, nurses, doctors, police officers, a front-line worker from any sector and anyone interested in knowing how to screen for trauma” (Family Services of Peel, personal communication, June 2020). The course is divided into three (3) modules which include:

1. Social Determinants of Health and Trauma
2. Trauma Screening Tool

3. Trauma Stewardship (Family Services of Peel, personal communication, June 2020).

“On completion of the certificate course, counsellors and therapists will learn how to conduct trauma screening based on an understanding of the social context of trauma, the connection between inequity, oppression and trauma and the impact of service providers’ social position in relation to their clients” (Family Services of Peel, personal communication, June 2020).

As of June 1, 2020, the *Peel Trauma Screening Training* has been made available online through the Family Service of Peel Online Learning Academy (Family Services of Peel, personal communication, June 2020). The training can be accessed at <https://training.fspeel.org> under ‘Online Training’ (Family Services of Peel, personal communication, June 2020).

For more information, inquiries can be made by contacting Sandra Rupnarain, Director of Client Services at Family Services of Peel, via email or phone at srupnarain@fspeel.org or 905-270-2250 (Family Services of Peel, personal communication, June 2020).

APPENDIX 9-SURVIVOR CONSENT

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**A Coordinated Response to Assess Human Trafficking in Terms of the
Problem, Prevention, and Empowerment
Letter of Information and Consent—Survivors of Human Trafficking**

The goal of this research project funded by Natural Sciences and Engineering Research Council of Canada (NSERC) is to explore strategies on prevention, empowerment, and support for vulnerable populations, victims and survivors of human trafficking in Sarnia-Lambton and its Indigenous and Francophone communities. The research team plans to explore questions regarding the growth of this hidden and complex problem, examine factors that put individuals at risk, gaps in services, prevention strategies to empower individuals, and how best to support victims and survivors in our community. You are being invited to participate in this research because we believe your personal insight will assist in our knowledge and understanding of human trafficking.

The interview process will take no longer than 75 minutes to complete. Two members of our research team will be present at the interview, Project Coordinator Ruth Geurts and Researcher Sarah Morrow. We ask that you answer questions to the best of your ability and you are free to skip any question, as all questions optional. The questions consist of "yes/no", check all that apply and open-ended. The questions will ask your experiences in human trafficking, community services utilized, and what you believe could or did help you when you were exploited/trafficked.

All responses will be collected anonymously through an audio recording and handwritten notes with the insurance that your personal identity will not be recorded and not connected to your answers. You will be issued a numeric code which will be kept separate from your signed consent form. The interview will be audio recorded to ensure all answers are properly documented. Following the verification of the transcribed data, the audio recording will be permanently deleted.

Your data collection document, an audio recording of the interview, and consent form will be moved to locked cabinets in the Applied Research department at Lambton College via a locked briefcase. The data collection document and audio recording will be locked in a separate cabinet from your signed consent form. At the end of the study, your individual data collection document will be shredded in the Applied Research department. Your responses will be cumulated along with other interviews to establish key themes about the underlying problem of human trafficking. This thematic analysis will be secured and delivered via a locked briefcase to the Sexual Assault Survivors' Centre Sarnia-Lambton (SASCSL) and stored in a locked cabinet for seven years. After this time, all data will be destroyed by the acting Executive Director of SASCSL. A summary of the findings will be presented in a final report that can be accessed from your community service provider which will be available in summer 2020.

You are free to withdraw participation from this interview at any time with no consequences. You can withdraw your participation by walking away from this interview or requesting to withdraw your

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responses following your interview. If you withdraw your participation, all hard copy data will be shredded, all audio recordings will be deleted, and your information will not be included in the study. Should you choose to withdraw, please contact your counsellor and they will notify the research team.

Participating in this interview may trigger an emotional response. We require you to be accompanied by a counsellor from the referring agency to the interview. You may choose to also bring a family member or friend that can be trusted with your story to accompany you to the interview. Prior to the interview, it is required you complete a Survivor Readiness Checklist with your referring support person that will accompany you to the interview. SASCSL counsellors will also be available for support for a follow up if you request it.

You may not directly benefit from participating in this study but information gathered may increase the body of knowledge about human trafficking, which may lead to prevention, empowerment, and support of vulnerable populations, victims and survivors of human trafficking in Sarnia-Lambton and its Indigenous and Francophone communities. We would like to thank you for your honest input, please accept a \$25 gift card of your choice from either Tim Horton's, Shopper's Drug Mart or Giant Tiger.

Should at any time during the interview you provide the research team with information regarding the safety of others or criminal activity, the research team has the responsibility and duty to report the information to the proper authorities where applicable.

Any questions and/or concerns regarding ethical practices of this research can be sent to the Research Ethics Board at REB@lambtoncollege.ca. For any questions regarding the research project, please contact Ruth Geurts at Ruth.Geurts@lambtoncollege.ca.

Thank you from the Research Team

This letter is yours to keep for future reference.



**A Coordinated Response to Assess Human Trafficking in Terms of the
Problem, Prevention, and Empowerment
Written Consent—Survivors of Human Trafficking**

I, _____, agree that I have had the purpose of the interview process explained to me.

I am aware that the information obtained will be utilized solely for research purposes by the Sexual Assault Survivors' Centre Sarnia-Lambton.

I am aware that my personal information will be kept strictly confidential and that in lieu of my name a numeric code will be used to protect my identity.

I agree to be audio recorded for this interview with the insurance that my personal identity will not be recorded.

I understand that all questions are optional and that I am free to withdraw participation at any time with no consequences.

I understand that if I provide the research team with information regarding the safety of others or criminal activity during this interview, they have the responsibility and duty to report this information to the proper authorities where applicable.

I understand that if I require a copy of the final report of the research, I can access a copy from my community service provider.

I agree to participate in this interview.

Print Name of Participant

Signature

Date (DD-MM-YYYY)

Print Name of Witness

Signature

Date (DD-MM-YYYY)

APPENDIX 10- AAMJIWNAANG COMMUNITY EDUCATION SESSION FLYER- MAY 2019



Sexual Assault Survivors Centre
SARNIA-LAMBTON

YOU'RE INVITED TO PARTICIPATE IN A EDUCATION SESSION ON HUMAN TRAFFICKING

Aamjiwnaang First Nation Staff

Date: September 25th

Time: 10 - noon

Location: Maawn Doosh Gumig Seniors Lounge

MUST be over the age of 18

The Sexual Assault Survivors' Centre Sarnia-Lambton (SASCSL) will present on the hidden and complex issue of human trafficking.

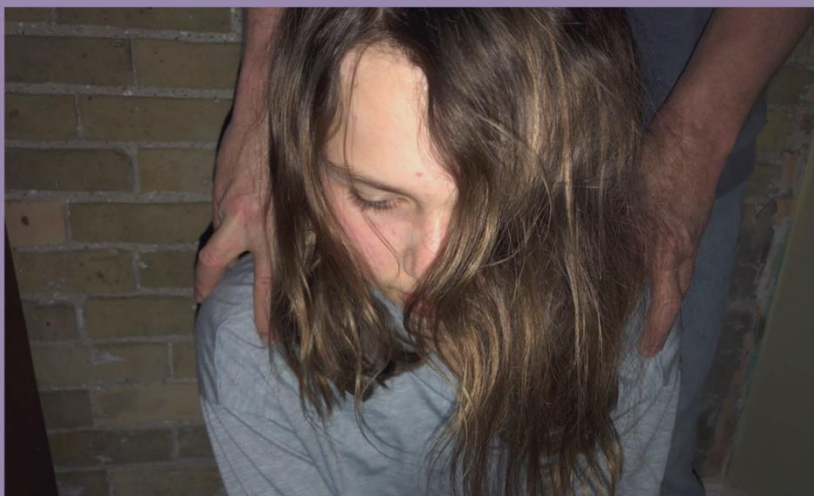
Due to the sensitive nature of this topic, SASCSL counsellors and service providers from your community will be onsite to provide participants with support.

Coffee, tea, and light snacks will be provided before the education session.

Any questions regarding this event can be directed to

Amy Williams 519-332-6770 Text: 519.384.1955 awilliams@aamjiwnaang.ca

**APPENDIX 11- AAMJIWNAANG COMMUNITY EDUCATION SESSION
FLYER- FEBRUARY 2020**



**HUMAN
TRAFFICKING
DINNER
PRESENTATION
AND
DISCUSSION**

Date: Thursday, February 20, 2020

Time: 5:00-6:30 p.m.

Location: E'Mino Bmaad-Zijig Gamig Community Health

Please join us to continue the conversation on this hidden social issue in Sarnia-Lambton and learn about available support services at Sexual Assault Survivors' Centre, and questions are welcome.

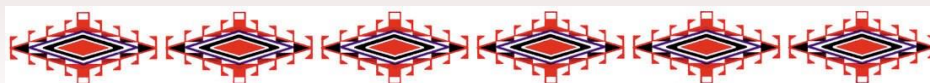
All Community Members are welcome.

Please register by calling the Health Centre at 519-332-6770 by
Tuesday, February 18, 2020

APPENDIX 12- KETTLE AND STONY POINT COMMUNITY EDUCATION SESSION FLYER



Human Trafficking Education Session



The Sexual Assault Survivors' Centre Sarnia-Lambton (SASCSL) will present on the hidden and complex issue of human trafficking

June 3, 2019 from 10 am—12pm

Vernon Room @ Kettle & Stony Point Health Services

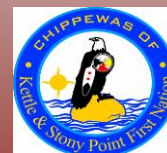
MUST be over the age of 18

A lunch will be provided following the education session.

Due to the sensitive nature of this topic, SASCSL counsellors and service providers from your community will be onsite to provide participants with support.

Any questions regarding this event can be direct to :

Marja George at (519) 786-5647 or Marjag@ksphs.on.ca .



APPENDIX 13- SARNIA-LAMBTON NATIVE FRIENDSHIP CENTRE COMMUNITY EDUCATION SESSION FLYER



HUMAN TRAFFICKING INFORMATION SESSION

Presented by the Sexual Assault Survivors' Centre Sarnia-Lambton (SASCSL)

Friday, May 31st | 10am- 12pm
233 Lochiel Street, Sarnia

Must be over the age of 18 to participate

Due to the sensitive nature of this topic, SASCSL counsellors and service providers from SLNFC are onsite to provide you with support.

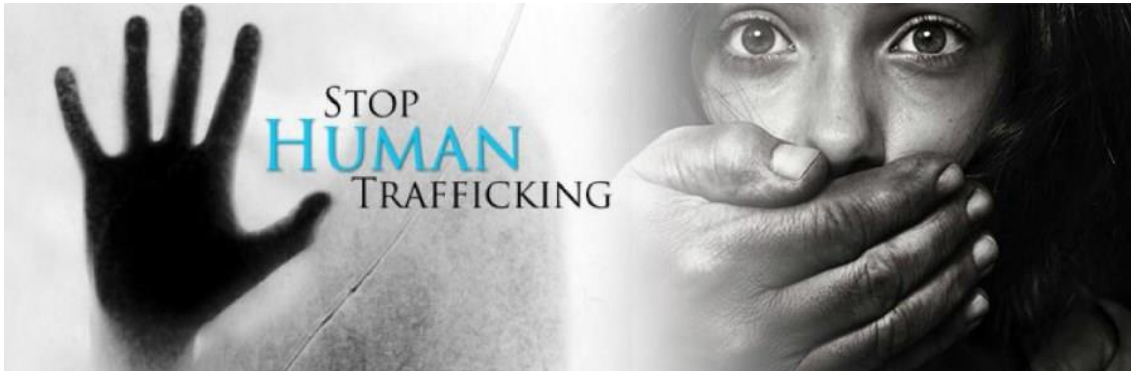
A lunch will be provided following the information session.

For any questions regarding this event, please contact Nancy Peters, CRC at (519) 344-6164 or email crc@slnfc.org



APPENDIX 14- WALPOLE ISLAND COMMUNITY EDUCATION SESSION FLYER

YOU'RE INVITED TO PARTICIPATE IN AN EDUCATION
SESSION ON **"HUMAN TRAFFICKING"**



Education Session on **"Human Trafficking"** Presented by the
Sexual Assault Survivor's Centre Sarnia-Lambton (SASCSL)

WHO IS INVITED? ALL SERVICE PROVIDERS

DATE: MAY 28, 2019

TIME: 10:00– 12:00

LOCATION: Governance Building / Council Chambers

PLEASE USE THE BIG PARKING LOT ACROSS THE BAND OFFICE

MUST be over the age 18

A LUNCH WILL BE PROVIDED AFTER THE EDUCATION SESSION.

Due to the sensitive nature of this topic, **SASCSL**, counsellors and service providers from our community will be onsite to provide participants with support

Any question regarding this event can be directed to Janet Sands ; **SOCIAL Services Walpole Island** 519– 627– 6072 or email: ssreceptionist@wifn.org

APPENDIX 15- INDIGENOUS COMMUNITY MEMBER CONSENT FORM

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A Coordinated Response to Assess Human Trafficking in Terms of the Problem, Prevention, and Empowerment **Letter of Information and Consent—Indigenous Communities**

The goal of this research project funded by Natural Sciences and Engineering Research Council of Canada (NSERC) is to explore strategies on prevention, empowerment, and support for vulnerable populations, victims and survivors of human trafficking in Sarnia-Lambton and its Indigenous and Francophone communities. The research team plans to explore questions regarding the growth of this hidden and complex problem, examine factors that put individuals at risk, gaps in services, prevention strategies to empower individuals, and how best to support victims and survivors in our community. You are being invited to participate in this research because we believe your personal insight will assist in our knowledge and understanding of human trafficking.

The questionnaire will take no longer than 15 minutes to complete. Members of our research team who will provide you with the questionnaires are Project Coordinator Ruth Geurts, Researcher Sarah Morrow, and a Student Investigator. We ask that you answer questions to the best of your ability and you are free to skip any question, as all questions optional. The questions consist of "yes/no", "true/false", check all that apply and open-ended. The questions will ask your knowledge regarding human trafficking, and community services for vulnerable populations, victims, and survivors.

Your responses will be collected anonymously through your handwritten questionnaire with the assurance that your personal identity will not be recorded on the questionnaire. You will be issued a numeric code which will be kept separate from your signed consent form. The individual questionnaires will be moved from this location via a locked briefcase to a locked cabinet at the Applied Research department in Lambton College. At the end of the study, your individual data collection document will be shredded in the Applied Research department. Your responses will be cumulated along with other questionnaires to establish key themes about the underlying problem of human trafficking. This thematic analysis will be secured and delivered via a locked briefcase to the Sexual Assault Survivors' Centre Sarnia-Lambton (SASCSL) and stored in a locked cabinet for seven years. After this time, all data will be destroyed by the acting Executive Director of SASCSL. Each Indigenous community Band Council will receive a final report which will be available in summer 2020.

You are free to withdraw participation from this questionnaire at any time with no consequences. You can withdraw your participation by walking away from this questionnaire or requesting to withdraw your responses following this session. If you withdraw your participation, all hard copy

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data will be shredded you're your information will not be included in the study. We ask that if you decide to withdraw, please return the questionnaire to the research team and please do not leave the room with the questionnaire. Should you choose to withdraw, please contact your community service provider and they will notify the research team.

You may not directly benefit from participating in this study but information gathered may increase the body of knowledge about human trafficking, which may lead to prevention, empowerment, and support of vulnerable populations, victims and survivors of human trafficking in Sarnia-Lambton and its Indigenous and Francophone communities. We would like to thank you for your honest input and please a lunch following this questionnaire.

Should at any time during the questionnaire process including a conversation with the research team you provide the research team with information regarding the safety of others or criminal activity, the research team has the responsibility and duty to report the information to the proper authorities where applicable.

Due to the sensitive nature of this topic, SASCSL counsellors and service providers from your community are onsite to provide you with support. If you or someone you know might be at risk, you may call the Ontario's confidential human trafficking helpline at 1-833-999-9211. If you require support following your participation, counsellors are available at the SASCSL by phoning 519-337-3154.

Any questions and/or concerns regarding ethical practices of this research can be sent to the Research Ethics Board at REB@lambtoncollege.ca. For any questions regarding the research project, please contact Ruth Geurts at Ruth.Geurts@lambtoncollege.ca.

Thank you from the Anti-Human Trafficking Research Team

This letter is yours to keep for future reference.



**A Coordinated Response to Assess Human Trafficking in Terms of the
Problem, Prevention, and Empowerment
Consent—Indigenous Communities**

I, _____, agree that I have had the purpose of the questionnaire process explained to me.

I am aware that the information obtained will be utilized solely for research purposes by the Sexual Assault Survivors' Centre Sarnia-Lambton.

I am aware that my personal information will be kept strictly confidential and that in lieu of my name a numeric code will be used to protect my identity.

I understand that all questions are optional and that I can withdraw participation at any time with no consequences.

I understand that if I provide the research team with information regarding the safety of others or criminal activity during this interview, they have the responsibility and duty to report this information to the proper authorities where applicable.

I understand that if I require a copy of the final report of the research, I can access a copy from my Band Council in summer 2020.

I agree to participate in this interview.

Print Name of Participant

Signature

Date (DD-MM-YYYY)

Print Name of Witness

Signature

Date (DD-MM-YYYY)

APPENDIX 16- INDIGENOUS COMMUNITY MEMBER QUESTIONNAIRE

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A Coordinated Response to Assess Human Trafficking in Terms of the Problem, Prevention, and Empowerment Questionnaire—Indigenous Community

Date: _____ Participant Code: _____

Indigenous Community:

- | | |
|---|--|
| <input type="checkbox"/> Aamjiwnaang | <input type="checkbox"/> Walpole Island |
| <input type="checkbox"/> Kettle and Stony Point | <input type="checkbox"/> Sarnia-Lambton Native Friendship Centre |

The mission statement for this research project is to explore strategies on prevention and empowerment to support victims and survivors of human trafficking in Sarnia-Lambton and its Indigenous and Francophone communities.

Thank you for participating in this questionnaire, the process will take approximately 15 minutes to complete. Please answer questions to the best of your ability and you are free to skip any question as all questions are optional. Please write legibly as the research team will transcribe your answers at a later date. You are free to withdraw participation at any time. We ask that if you decide to withdraw, please return the questionnaire to the research team and they will destroy it following the education session. Please **DO NOT** leave the room with this questionnaire. Should at any time you provide the research team with information regarding the safety of others or of criminal activity, they have the responsibility and duty to report the information to the proper authorities where applicable.

1. Has your community offered any training on human trafficking?
Yes ☐ No ☐

If yes, by who, when and where.

-
2. Please select the best definition of human trafficking.
- Practice or occupation of engaging in sexual activity for payment.
 - When individuals are forced or coerced into sex work or forced labour against their will.
 - Transportation of persons across country borders.
 - All of the above.
3. Please select the best definition of sexual exploitation.
- The sexual acts of an individual in exchange for drugs, food, shelter, protection, money, or other basics of life.
 - Involving of children and youth in creating pornography.
 - Sexual abuse of children and youth through the exchange of sex.
 - All of the above.

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4. Trafficking victims are foreign nationals or are only immigrants from other countries.
True ☐ False ☐
5. If the trafficked person consented to be in their initial situation, then it cannot be human trafficking or against their will because they "knew better."
True ☐ False ☐
6. There must be some elements of physical restraint, force, or bondage for human trafficking to be present.
True ☐ False ☐
7. Do you believe human trafficking is a growing problem;
- | | | |
|---------------------------------|------------------------------|-----------------------------|
| In Canada? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| In Ontario? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| In Sarnia-Lambton? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| In Indigenous communities? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| In your Indigenous communities? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
8. Do you believe women, girls and boys are at risk of being trafficked in your home community?
Yes ☐ No ☐
9. a. Do you know someone who has been trafficked in your home community?
Yes ☐ No ☐
- b. If yes, please indicate relationship to this person:
- | | | |
|---------------------------------------|---|---|
| <input type="checkbox"/> Self | <input type="checkbox"/> Family member/relative | <input type="checkbox"/> Other (please indicate):

_____ |
| <input type="checkbox"/> Friend | <input type="checkbox"/> Co-worker | |
| <input type="checkbox"/> College/peer | <input type="checkbox"/> Neighbour | |
- c. Who is recruiting these populations?
- | | |
|--|--|
| i) Indigenous members from your home community? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| ii) Indigenous members outside of your community? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| iii) Non-Indigenous individuals outside of your community? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| iv) All of the above? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| v) Unsure | Yes <input type="checkbox"/> No <input type="checkbox"/> |
10. What factors do you believe put individuals at risk of being trafficked?
- | | | |
|---|--|---|
| <input type="checkbox"/> Addictions | <input type="checkbox"/> Lack of Confidence | <input type="checkbox"/> Racism |
| <input type="checkbox"/> Childhood abuse/trauma | <input type="checkbox"/> Lack of education | <input type="checkbox"/> Rape Culture |
| <input type="checkbox"/> Dependency Issues | <input type="checkbox"/> Lack of supervision | <input type="checkbox"/> Sexual Violence |
| <input type="checkbox"/> Disabilities | <input type="checkbox"/> Low Self-Esteem | <input type="checkbox"/> Social Media |
| <input type="checkbox"/> Domestic Violence | <input type="checkbox"/> Mental Health | <input type="checkbox"/> Other (Please indicate):

_____ |
| <input type="checkbox"/> Homelessness | <input type="checkbox"/> Patriarchy | |
| <input type="checkbox"/> Intergenerational Trauma | <input type="checkbox"/> Peer Pressure | |
| | <input type="checkbox"/> Poverty | |

APPENDIX 23

11. a. Where would you get help for yourself or someone who is a victim of human trafficking?

- | | |
|---|--|
| i) Services from within your home community? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| ii) Services from outside of your home community? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| iii) Both? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| iv) None of the above? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| v) Unsure | Yes <input type="checkbox"/> No <input type="checkbox"/> |

b. If you identified services within your community, please indicate those organizations that could help a victim of human trafficking.

12. Please identify the support services you believe would be helpful for victims and survivors of human trafficking.

- | | | |
|---|--|---|
| <input type="checkbox"/> Addictions counselling | <input type="checkbox"/> Financial support | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Advocacy | <input type="checkbox"/> Healthcare | <input type="checkbox"/> Other (please indicate): |
| <input type="checkbox"/> Basic needs | <input type="checkbox"/> Housing | _____ |
| <input type="checkbox"/> Counselling | <input type="checkbox"/> Networking | _____ |
| <input type="checkbox"/> Crisis Work | <input type="checkbox"/> Police services | |
| <input type="checkbox"/> Education | <input type="checkbox"/> Resources | |
| | <input type="checkbox"/> Safety planning | |

13. How do you believe your community can better protect individuals from being trafficked and exploited?

Comments?

The research team would like to thank you for your time and honest input. Each community will be given a final report of the data collected for their community. The final report for Sarnia-Lambton will have the results for each community compiled together into one category. A copy of the full report will be provided to your Band Council. Due to the sensitive nature of this topic, counsellors from SASCSL are onsite to provide you with support if you require it.